

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 10/05/2022 10:39 (SGT)  
Date of Accident ..... 09/05/2022 08:30 (SGT)  
Exact Location of Accident ..... Sin Ming Ave, Singapore  
Additional Location Information ..... SIN MING AVENUE TURNING LEFT INTO SLIP ROAD  
TOWARDS SIN MING DRIVE.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF5321K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HEAVENLY ENGINEERING PTE LTD  
Company Reg No ..... 2XXXXX169G  
Email Address ..... heavenlyengineering@gmail.com  
Mobile Phone No ..... (Phone) +65-90044804  
Alternative Phone No ..... (Office) +65-65555803

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... DMCVSNW00149342101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAM CHEE SHIUNG

|                                                                    |                                                |
|--------------------------------------------------------------------|------------------------------------------------|
| Passport No/FIN .....                                              | GXXXX135U                                      |
| Date Of Birth .....                                                | 27/01/1987                                     |
| Occupation .....                                                   | Outdoor                                        |
| Date Of Driving Pass .....                                         | 05/04/2010                                     |
| Driving experience .....                                           | 12 YEARS AND 1 MONTH                           |
| Gender .....                                                       | Male                                           |
| Mobile Number .....                                                | (Phone) +65-90036210                           |
| Alt. Phone Number .....                                            | -                                              |
| Email Address .....                                                | heavenlyengineering@gmail.com                  |
| Address .....                                                      | 22 SIN MING LANE #03-87 MIDVIEW CITY SINGAPORE |
| Address complement .....                                           | -                                              |
| Postcode .....                                                     | 573969                                         |
| Is the driver the policyholder? .....                              | No                                             |
| If No, Relationship of the Driver with the Insured .....           | Employee                                       |
| Does Driver Own Other Vehicles? .....                              | No                                             |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                                              |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                                              |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                 |
|--------------------------|-----------------|
| Type of Accident .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|                                                                                                           |     |
|-----------------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? .....                                                   | No  |
| Number of vehicles involved in the accident .....                                                         | 3   |
| Was anybody injured in the Accident? .....                                                                | No  |
| Was any injured conveyed to hospital by ambulance? .....                                                  | -   |
| Was any other vehicle or property damaged? .....                                                          | Yes |
| Number of Passengers (Including Driver) .....                                                             | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |                 |
|--------------|-----------------|
| Name .....   | LIEW CHIEN SENG |
| Gender ..... | Male            |

#### PASSENGER 2

|              |                     |
|--------------|---------------------|
| Name .....   | RONNY CHYNE WEI KIT |
| Gender ..... | Male                |

#### DETAILS OF POLICE ACTION

|                                                 |    |
|-------------------------------------------------|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

|                                                     |     |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBD7937G |
|-----------------------------------|----------|

|                                               |               |
|-----------------------------------------------|---------------|
| Vehicle Manufacturer .....                    | Nissan        |
| Vehicle Model .....                           | Nv200         |
| Vehicle Variant .....                         | -             |
| Vehicle Colour .....                          | -             |
| Vehicle Category .....                        | Goods vehicle |
| Name of Driver .....                          | -             |
| Contact Number .....                          | -             |
| Address .....                                 | -             |
| Address complement .....                      | -             |
| Postcode .....                                | -             |
| Insurance Company Name .....                  | -             |
| Nature Of Damage .....                        | -             |
| Details of property damaged in accident ..... | -             |
| No. Of Passenger (Including Driver) .....     | -             |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                               |               |
|-----------------------------------------------|---------------|
| Vehicle Registration Number .....             | GBD3975Y      |
| Vehicle Manufacturer .....                    | Nissan        |
| Vehicle Model .....                           | Cabstar       |
| Vehicle Variant .....                         | -             |
| Vehicle Colour .....                          | -             |
| Vehicle Category .....                        | Goods vehicle |
| Name of Driver .....                          | -             |
| Contact Number .....                          | -             |
| Address .....                                 | -             |
| Address complement .....                      | -             |
| Postcode .....                                | -             |
| Insurance Company Name .....                  | -             |
| Nature Of Damage .....                        | -             |
| Details of property damaged in accident ..... | -             |
| No. Of Passenger (Including Driver) .....     | -             |

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

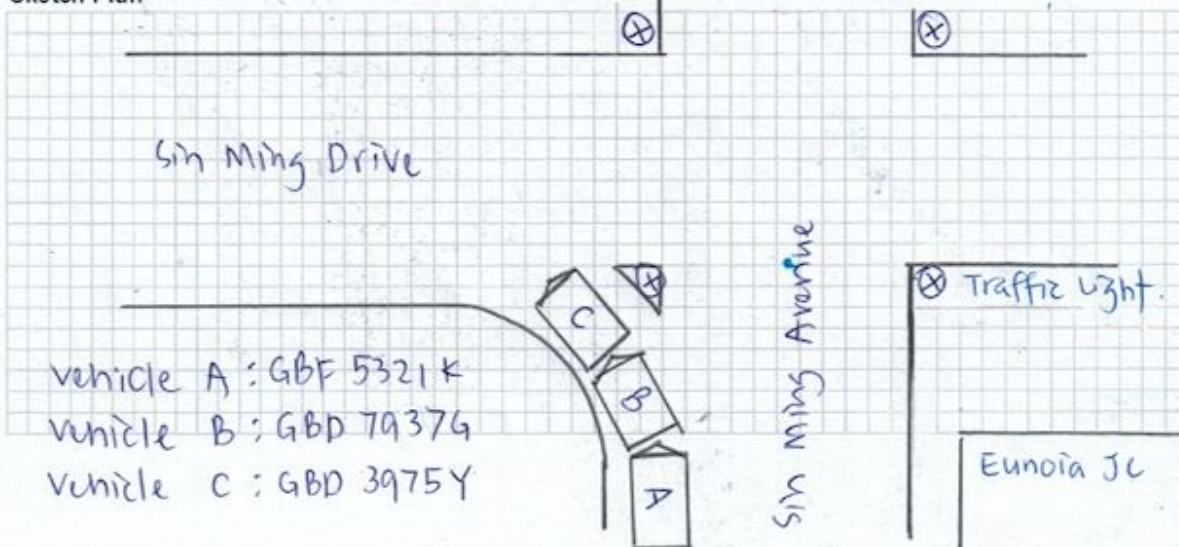
*Heavenly Engineering PTE LTD*

22 SIN MING LANE #03-87 MIDVIEW CITY (S) 573969

TEL: 6392 5803 FAX: 6392 7133 GST Ref No: 2013111882  
Email: heavenlyengineering@gmail.com

Policyholder's Signature / Date & Time \_\_\_\_\_ Driver's Signature (If driver is not the policyholder) / Date & Time \_\_\_\_\_

Witnessed by Reporting Centre Personnel \_\_\_\_\_

**Sketch Plan**



## Describe Circumstances of the Accident

On 09/05/2022 @ 08.30am, whilst I was travelling along Sin Ming Avenue and about to turn left into slip road towards Sin Ming Drive, suddenly my front vehicle 'B' stopped and immediately I hit my vehicle brake but yet still unable to stop on time and collided into rear vehicle 'B'. My vehicle 'A' - Front bonnet, front bumper and headlamp were damaged.

No injury was reported.

## Declaration

We declare the foregoing particulars are true in every respect.

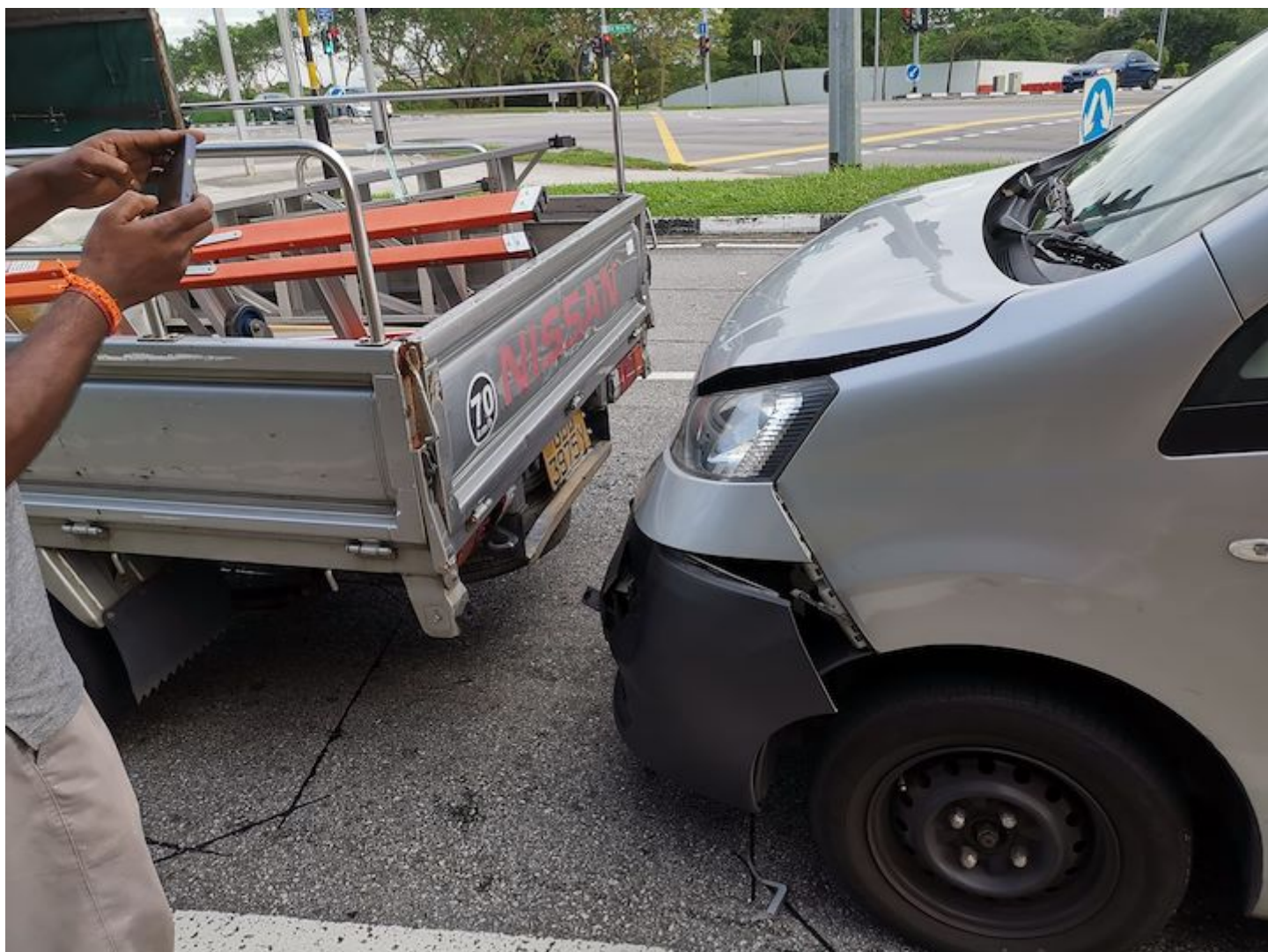
22 SIN MING LANE #03-67 MIDVIEW CITY (S) 573969  
TEL: 6555 5803 FAX: 6339 7133 GST. Reg. No.: 201333169G  
Email: heavenlyengineering@gmail.com

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



































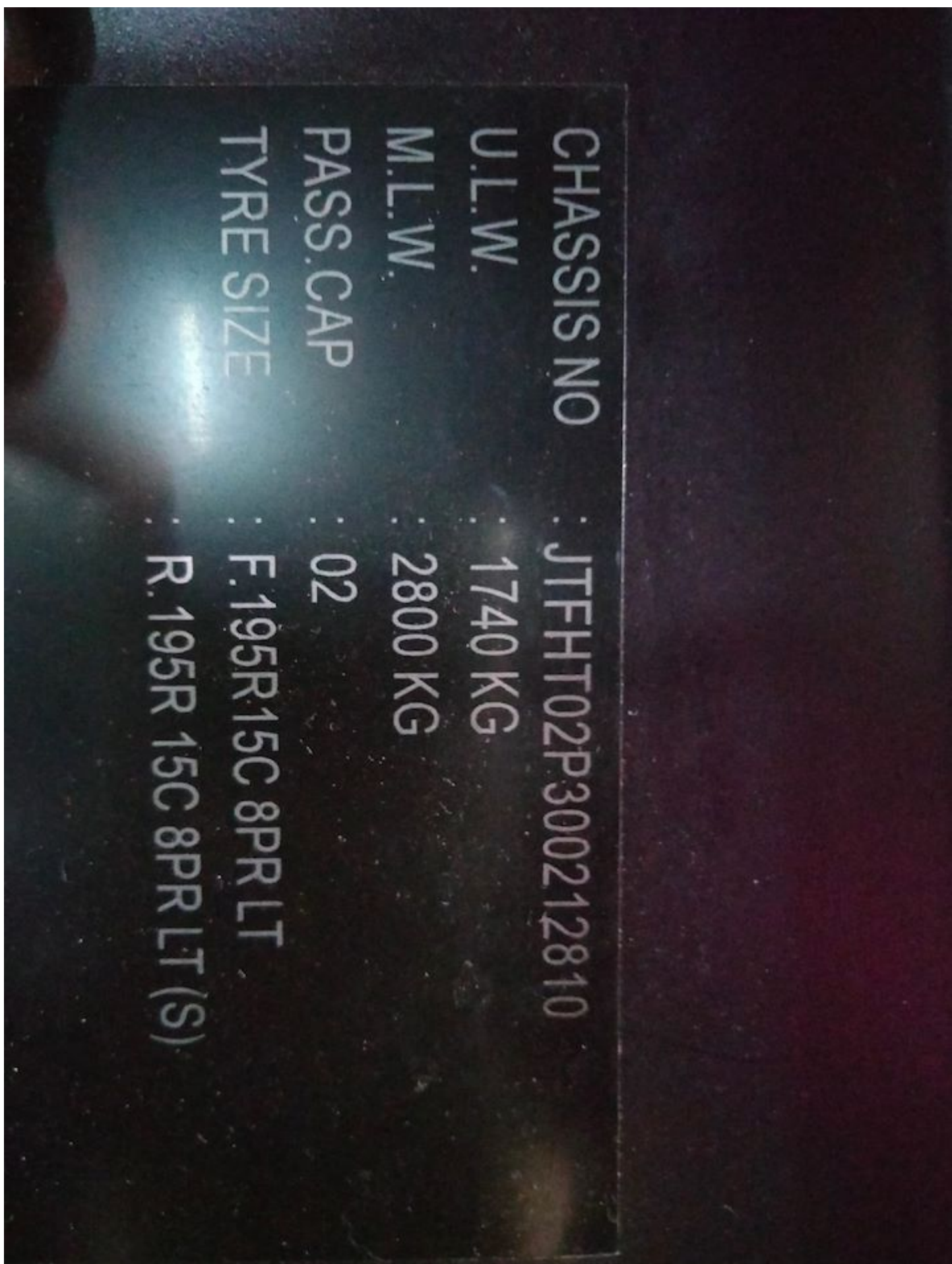
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SD 08225A0001 Vehicle Registration No : GBF 5321 K  
 Name(as shown in NRIC): Heavenly Engineering Pte Ltd.  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 NRIC/Passport No : 201333169 G  
 Address : \_\_\_\_\_  
 Contact (Tel) : 65555803 (H/P) : 90044804  
 (Email) : heavenlyengineering@gmail.com  
 Date of Accident : 09/05/2022 Time of Accident : 08:30 hr  
 Place of Accident : Sin Ming Ave Turning left into slip road towards Sin Ming Dr.  
 Insurance Company : China Taiping Insurance.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend Vehicle Registration No. GBF 5321 K

Signature of Vehicle Owner / Driver  
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : +65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0800A

Cov. Type: C

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00149342101

Engine No.: 1KD2674012

Cha. No.: JTFHT02P300212810

1. Index Mark and Registration  
Number of Vehicle

GBF5321K

AUTOSAFE

=====

2. Name of Policy Holder

HEAVENLY ENGINEERING PTE. LTD.

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment07/12/2021  
(00:00:00)

Excess Sect I. S\$500.00  
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

06/12/2022

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or  
regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of  
a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor  
Vehicle.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the  
provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road  
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CS INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com