





# 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 Actual 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	08/08/2022 11:07 (SGT)
Reported by	Both
Date of Accident	05/08/2022 19:40 (SGT)
Exact Location of Accident	501 Jln. Ahmad Ibrahim, Singapore 639937
Additional Location Information	TUAS CHECK POINT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND2830X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIU KAR CHING
NRIC No	SXXXX164D
Email Address	optionsgarage@hotmail.com
Mobile Phone No	(Phone) +65-96191171
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00066452200

## DRIVER

Name of Driver	CHIU WEE KIONG SHAWN
NRIC No	SXXXX481C
Date Of Birth	23/04/1993
Occupation	Indoor

Date Of Driving Pass	16/06/2016
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87328787
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	BLK 467 ANG MO KIO AVENUE 10 #07-998
Address complement	-
Postcode	560457
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB3056T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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 Purpose

Policyholder's Signature / Date & Time

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

Witnessed L, Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

SINGAPORE TUNAS	
CHECK POINT 7	
VEHICLE	
A: IND 2830X	
B: SNA 2056T	

Describe Circumstance of the Accident

(1) VEHICLE "A" WAS STATIONARY WAITING FOR  
VEHICLE "B" TO PASS THROUGH.

(2) VEHICLE "B" WAS PASSING THROUGH AND  
MISJUDGED HIS WAY AND COLLIDED ONTO MY VEHICLE "A"  
FRONT LEFT PORTION

(3) I HAVE A FRONT CAMERA TO PROVE, THAT  
MY VEHICLE WAS STATIONARY FOR QUITE LONG. 10 SECOND.

Declaration


I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date



Witnessed by Reporting Centre Personnel



VEHICLE NO: SND 2830X		MAKE & MODEL: MERC A200		[AUTO]/MANUAL	
DATE OF ACCIDENT		05 / 08 / 2022		C.C. 1.6cc	
TIME OF ACCIDENT		1940HRS AM [PM]			
LOCATION OF ACCIDENT		SINGAPORE TOAS CHECKPOINT			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT [PRIVATE USE/ PRIVATE HIRE]			
NAME OF OWNER		CHIU KAR CHING			
EMAIL		OPTIONSGARAGE@HUMAN.CO		OFFICE: MOBILE: 9619 1171	
NRIC		S6839164D			
CLAIM TYPE		OD / [THIRTY PARTY] / REPORTING ONLY			
FLEET POLICY		YES / [NO]			
INCURANCE CO.		CHINA TAIPIING			
TYPE OF COVERAGE		[Comprehensive] / Third Party / Third Party Fire & Theft			
POLICY NO.		DMPCSNW00066452260			
NAME OF DRIVER		AS ABOVE / IF NO: CHU WEE KIONG SHAWN			
NRIC		S9314481C			
DATE OF BIRTH		23 / 04 / 1993			
ANY PASSENGER		YES / [NO]			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / [Indoor]			
DATE OF DRIVING PASS		16 / 06 / 2016			
GENDER		[MALE] / FEMALE			
CONTACT NO.		Mobile: 8732 873		Office: Home:	
EMAIL					
ADDRESS		4167 ANCH MO KIO AVE 10 #07-998 560467			
DOES DRIVER OWN OTHER VEHICLES?		[NO] / If yes, Reg No:		INSURE:	
RELATIONSHIP		Employee / If No: FATHER			
WEATHER CONDITION		[Clear] / Raining / Other:			
ROAD SURFACE		[Dry] / Wet / Other:			
ANY INJURIES		[No] / If yes, Who?			
CONTACT NO.					
POLICE REPORT		[No] / If yes, Where?			
NOTICE OF INTENDED PROSECUTION?		[No] / If yes, Who?			
VEHICLE B NO.		SNB 3056T		Any Passenger:	
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES [NO]			
WAS THERE ANY AUDIO RECORDED?		YES [NO]			
SCENE ACCIDENT PHOTOS TAKEN?		YES [NO]			
WHO IS REPORTING		DRIVER/ OWNER/ [BOTH]			
Original Language Used		[English/ Mandarin/ Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES [NO]			



中国太平  
CHINA TAIPING

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

Motor Private Car

MX1E

N SN

AN0592A

Cov. Type C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW0006452200

Engine No.: 27091031094370

Chs. No.: WOD1760432J510920

1. Index Mark and Registration  
Number of Vehicle

SND2830X

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

CHIU KAR CHING

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

09/03/2022  
(10:30:17)

Named Drivers Ex Sect. I

\$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$3,000.00

Ex Sect. I - Age >= 26

\$5500.00

4. Date of Expiry of Insurance

08/03/2023

\* Age as at date of accident

EX ON WINDSCREEN .

\$3100.00

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

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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:-

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$51,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : SPEEDO CAPITAL PTE 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: WINNIE SOO SIEW WAH  
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

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