



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	29/08/2022 16:08 (SGT)
Reported by	Both
Date of Accident	27/08/2022 22:15 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	BLK 927 NEAR LOADING/UNLOADING BAY (RUBBISH CHUTE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1333D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN GUO QUAN
NRIC No	SXXXX811C
Email Address	tanguoquan@hotmail.com
Mobile Phone No	(Phone) +65-98469876
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00012902100

DRIVER

Name of Driver	TAN GUO QUAN
NRIC No	SXXXX811C
Date Of Birth	02/04/1986
Occupation	Outdoor

Date Of Driving Pass	22/02/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98469876
Alt. Phone Number	-
Email Address	tanguoquan@hotmail.com
Address	BLK 261C PUNGGOL WAY #12-325
Address complement	-
Postcode	823261
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220828/2005

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4909B
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LYNN CHAN
NRIC No	SXXXX327A
Contact Number	(Phone) +65-90229411
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN GUO QUAN
Gender	Male
Phone No	(Phone) +65-98469876
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMS1333D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Veh A: SLS 1333 D
Veh B: SLP 4409 B

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.

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.

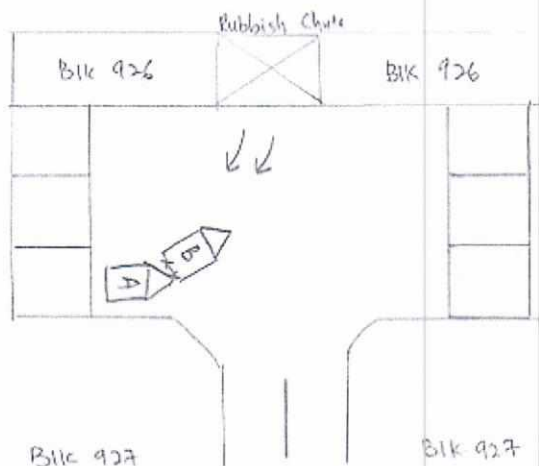
"I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS."

Policyholder's Signature / Date & Time
20/8/22 12:25pm

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) SLS 1333 D
B) SLP 4409 B

[illegible]

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220828/2005

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20220828/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2022 02:23		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: TAN GUO QUAN			Address: APT BLK 261C PUNGGOL WAY #13-325 SINGAPORE 823261		
ID Type / ID No.: NRIC NO / S8609811C			Contact No.: Home/Office:		Mobile: 98469876
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 02/04/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2022 22:15	Type of Location: Car Park
Location: Along Road 1 YISHUN CENTRAL 1 Block 927 Yishun Central near rubbish chute and loading/ unloading area.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP4909B	Car				Slightly Damaged	1
SMS1333D	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220828/2005

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220828/2005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS1333D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000129 02100	27/10/2021	13/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN GUO QUAN		ID No.	S8609811C
Related Vehicle	NIL		Contact No.	98469876
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LYNN CHAN		ID No.	S9735327A
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 27/08/2022 at about 2215hrs, my vehicle, SMS1333D, was stationary. One GetGo vehicle, SLP4909B, was reversing and hit my car. We then exchange particulars and she left. My car camera was recording at that time.

Due to the impact, my neck and lower back felt pain. I went to see doctor at Mount Elizabeth Novena and was given 3 days of MC.

Damaged as follows:

SMS1333D - Front left side bumper damaged
SLP4909B - No damages seen as it was dark



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT



T/20220828/2005

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Report No. T/20220828/2005



**SINGAPORE
POLICE FORCE**



T/20220828/2005

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220828/2005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /
SGT 1 RUZSHAHFIL BIN
NGIRWAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2022 02:23

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Remark: _____

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 27/8/2022

*Time of Accident: 2215

*Accident Location: Blk 907 Yishun Central near loading / unloading area (Rubbish chute)

Vehicle Details

*Vehicle Number: SMS 1333 D * Make & Model: Honda Shuttle Hybrid 1.5 Auto Eng Cap: 1496

* Purpose Being Used At Time Of Accident: Working (waiting Customer)

Insured / Policyholder

*Owner Name: TAN GUO QUAN

*NRIC: S8609811C

*Address: Blk 261C Punggol way #13-325 SCS 23261

*Email: Tanguoquan@hotmail.com

* HP: 98469576

*Occupation: Private hire driver (Indoor / Outdoor) * Tel / H / Other: _____

Driver ☒ same as above

*Driver Name: _____ *NRIC: _____

*Address: _____

*Date of Birth: 2/4/1986 *Driving Pass Date: 22/2/2007 * HP: _____

*Email: _____ *Gender: Male / Female

*Occupation: _____ (Indoor / Outdoor) * Tel / H / Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder : _____)

Passengers Details

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

Insurance Company

*Insurer: China Taiping *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SLP4909B

Make & Model: Mazda

Vehicle Category: _____

Name of Driver: Lynn Chan

NRIC : S9735327A

HP : 90229411

No. of Passengers (Including Driver): 2

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Stationary

*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / No (Name: _____ NRIC : _____ HP: _____)

*Accident reported to police: Yes / No *Summon against whom: _____

*Injured party: Yes / No *No. of passengers (include driver): _____

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: 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 Hire Car

MZ406L/B

E SN

AM0567A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

CERTIFICATE No.

DMHCSNW63012002100

Engine No.: LED0553636

Chassis No. GP71211221

3. Index Mark and Registration
Number of Vehicle

SMS1333D

AUTOSAFE

2. Name of Policy Holder

TAN GUO QUAN

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

27/10/2021
(11/10/22)

Excess Sect I S\$1,250.00

Excess Sect I (Outside Singapore) S\$2,500.00

Excess Sect II S\$1,250.00

4. Date of Expiry of Insurance

13/12/2022

Excess Sect II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

TAN GUO QUAN

6. Limitations as to use*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169)
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 169) and Part IV of the Road
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Mosos Chao Wen Jye
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200203384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6369 6111

6222 1033

www.sg.cntaiping.com