





# 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	01/09/2022 18:09 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 14:30 (SGT)
Exact Location of Accident	14 Scotts Rd, Singapore 228213
Additional Location Information	TURNING OUT FROM FAR EAST PLAZA
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	X-TREME FITNESS PTE. LTD.
Company Reg No	2XXXXX606C
Email Address	rtph82@gmail.com
Mobile Phone No	(Phone) +65-92268282
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Ford
Model	Ranger
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1996

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00141272100

## DRIVER

Name of Driver	TEO PENG HUANG (ZHANG BINGHUANG)
NRIC No	SXXXX810C
Date Of Birth	08/02/1982
Occupation	Indoor

Date Of Driving Pass	05/06/2000
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92263282
Alt. Phone Number	-
Email Address	rtph82@gmail.com
Address	7 ALEXANDRA VIEW #38-05
Address complement	-
Postcode	158741
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	2
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	-

#### PASSENGER 1

Name	CHERYL LYNN OH
Gender	Female

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK55R
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

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### 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.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Scotts Road

A: GY6U

B: SJK55R

Stop line

Far East plaza  
turning out



# Describe Circumstances of the Accident

LICENSE PLATE: GY6U ACCIDENT DATE & TIME: 27/8/22 1430H  
 CONTACT NUMBER: 9226 8282 E-MAIL ADDRESS: rtp182@gmail.com  
 LOCATION: Far East Plaza turning out to Scotts Road

AS I'M TURNING OUT FROM THE RIGHT LANE OF FAR EAST PLAZA PROCEEDING TO THE 2ND LANE OF SCOTTS ROAD, I FELT THAT MY REAR LEFT TYRE CLIP ON THE FRONT RIGHT TYRE OF THE VEHICLE ON MY LEFT. FROM THE LEFT SIDE MIRROR IT CAN BE SEEN THAT THE TYRE TOUCHES AS SJK55R HAS A REALLY BIG TYRES.

AS SCOTT ROAD IS CONGESTED, I PROCEEDED TO STOP AFTER PASSING ORCHARD ROAD, CAME DOWN AND TAKE A LOOK AND CONFIRM THERE ARE NO SIGN OF DAMAGED. THE ~~OFF~~ OTHER CAR DROVE OFF AS HE TURN THE OTHER DIRECTION.

AFTER REVIEWING THE FOOTAGE FROM MY REAR CAMERA, IT SHOWS THAT SJK55R STOP WAY OUT OF THE STOP LINE. (Picture Attached)  
 ALSO NO FURTHER DAMAGE IS OBSERVED FROM HIS CAR AS WELL. FROM THE HEIGHT OF HIS FENDER, IS UNLIKELY MY TYRE CAN TOUCH IT.

\* LATE ~~REPORTING~~ REPORTING DUE TO COVID +IVE FROM 28 AUG 22 TO TESTED ART NEG ON 1 SEP 22

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

( ) Claim Own Policy

( ) Claim Third Party


( ) Claim OD/TP at other workshop

☒ Reporting Only

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
  
 14/9/22

Driver's Signature (If driver is not the policyholder) / Date & Time  
  
 1/9/22

Witnessed by Reporting Centre Personnel  
  
 9/09/2022





Motor Commercial

MZ300/C

N SN

AN0714A

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.

DMCVSNW00141272100

Engine No.: YN2XPKU58118

Cha. No.:6FPPXXMJ2PKU58118

1. Index Mark and Registration  
Number of Vehicle

GY6U

AUTOSAFE  
=====

2. Name of Policy Holder

X-TREME FITNESS PTE. LTD.

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

03/12/2021  
(00:00:00)

Excess Sect I . S\$450.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

02/12/2022

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.

\* 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: UNIVERSAL ALLIANZE PRIVATE LIMITED  
Authorised Officer

Authorised Signatory