



## 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	04/11/2022 16:12 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 09:43 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3605J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO KAH NGAI
NRIC No	SXXXX556D
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-94598993
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00014192201

### DRIVER

Name of Driver	HO KAH NGAI
NRIC No	SXXXX556D
Date Of Birth	12/04/1966
Occupation	Outdoor

Date Of Driving Pass	07/09/1994
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94598993
Alt. Phone Number	-
Email Address	alexbeh.pc@gmail.com
Address	BLK 126C KIM TIAN ROAD #35-519
Address complement	-
Postcode	163126
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	Collision - Head to Rear
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	JOANNA (GRAB PAX)
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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT5523X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SIMON
Contact Number	(Phone) +65-88680661
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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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 Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

The sketch plan is drawn on a grid background. It shows a road layout with a dashed line indicating a lane. A vehicle labeled 'A' is positioned in the lane. A witness labeled 'B' is positioned to the right of the vehicle. The road is labeled 'UPPER CHANGI RD EAST'.

① SNB36057

② FBT5523X

Describe Circumstance of the Accident

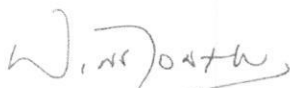
I WAS TRAVELLING ALONG UPPER CHANGI ROAD EAST.

AS A BUS WAS COMING OUT FROM THE BUS STOP, I SLOWED  
DOWN AND STOP TO GIVE WAY TO THE BUS.

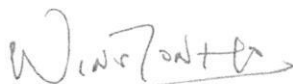
SUDDENLY, I FELT AN IMPACT FROM THE REAR.

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  
& Time

 04/11/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

W

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 04 / 11 / 2022 (dd/mm/yy)

Time of Accident: 09 : 43 (24-HR-FORMAT)

Vehicle No.: SNB3605J Vehicle Make & Model / Engine (cc): TOYOTA VIOS Private Hire: ☒ (Y) / ☐ (N)

Exact location of Accident: UPPER CHANGI ROAD EAST

Policyholder's Name / IC No.: H0 KAI NGAI S1750556D ROC/UEN (Company): -

Driver's Name / IC No.: H0 KAI NGAI S1750556D (As Above) ☒

Driver's Contact No.: 9459 8993 Company Contact No / Owner Contact No: -

Driver's Address: BLK 126C KIM TIAN ROAD #35-519 SINGAPORE 163126

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: CHINA TAIPING

Driver Email address: ALEXBEH.PC@GMAIL.COM

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

\*No. of Passengers (Including Driver): 2

\*Passenger Name: JOANNA

83287117 GRAB PASSENGER

Gender: Male / Female (Y) / ☐ (N)

\*Passenger Name:

Gender: Male / Female (Y) / ☐ (N)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: -

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: -

Injuries Sustain: - Injured Person in Which Vehicle: -

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: -

### The Other Party(s) Details:

1. Driver's Name / IC No.: SIMON Vehicle No.: FBT5523X

Driver's Contact No.: 8868 0661 Insurance Company: -

2. Driver's Name / IC No. (If Any): - Vehicle No.: -

Driver's Contact No.: - Insurance Company: -

Independent Witness (If Any): - Contact No.: -

Confirmed Workshop Name: - Contact 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 Vehicle

MZ426LB

R SN

AN0675A

Cov. Type C

### CERTIFICATE OF INSURANCE

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

CERTIFICATE NO.

DMHCSNW00014192201

Engine No. 2NR5533091

Chassis No. MR2B23F3901230239

1. Index Marking Registration  
Number of Vehicle

SNB3605J

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

HU KAH NGAI

Effective Date of the Commencement of  
Insurance for the purposes of the Regulations  
(Date of Endorsement)

17-08-2022  
(00:00:00)

Excess Sect I \$51,250.00

Excess Sect II (Outside Singapore) \$52,500.00

Excess Sect II \$51,250.00

Excess Sect II (Outside Singapore) \$52,500.00

3. Date of Expiry of Insurance

16-08-2023

EX-ON WINDSCREEN \$5100.00

4. 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

HU KAH NGAI

5. Description of 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. TOYOTA FINANCIAL SERVICES SINGAPORE 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

张世义

Authorised Signature

Issued By

ABWIN PTE LTD

Authorised Officer

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.taiping.com