

## 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 .....	07/11/2022 14:01 (SGT)
Reported by .....	Both
Date of Accident .....	05/11/2022 03:00 (SGT)
Exact Location of Accident .....	Near 2B Handy Rd, Singapore 229237
Additional Location Information .....	ORCHARD ROAD AND HANDY ROAD JUNCTION
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD4193A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOH SEE KIAT
NRIC No .....	S9240927I
Email Address .....	KAYDEN8898@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96104633
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	ELANTRA AD 1.6 GLS AT (AMS)
Variant .....	HYUNDAI
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Manual
CC .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00180492201

#### DRIVER

Name of Driver .....	KOH SEE KIAT
NRIC No .....	S9240927I
Date Of Birth .....	07/11/1992
Occupation .....	Indoor

Date Of Driving Pass .....	18/03/2015
Driving experience .....	7 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96104633
Alt. Phone Number .....	-
Email Address .....	KAYDEN8898@GMAIL.COM
Address .....	BLK 700B ANG MO KIO AVE 6 #06-316
Address complement .....	-
Postcode .....	562700
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 .....	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 .....	ZACH
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

ON 5/11/22 I WAS DRIVING VEH-B SMD4193A ALONG ORCHARD ROAD TOWARD HANDY ROAD JUNCTION. VEH-A SHC5442P STOPPED AT THE JUNCTION. I DID NOT NOTICE, I APPLIED VEH-B BRAKE BUT UNABLE TO STOP ON TIME, COLLIDED ONTO VEH-A REAR . NO ONE WAS INJURED.

#### 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 .....	SHC5442P
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-87797863
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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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.

<p><u>                    </u></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><u>                    </u></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><u>                    </u></p> <p>Witnessed by Reporting Centre Personnel</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Sketch Plan</b></p> </div> <div style="width: 50%; padding-left: 20px;"> <p>VEH A = SHL 5442P</p> <p>VEH B = SMD 4193A</p> </div> </div>		

**Describe Circumstances of the Accident**


ON 5/11/22 I WAS DRIVING VEH-B SMD 4193A ALONG ORCHARD ROAD TOWARD HANDY ROAD JUNCTION. VEH-A SKC 5442P STOPPED AT THE JUNCTION. I DID NOT NOTICE, I APPLIED VEH-B BRAKE BUT UNABLE TO STOP ON TIME, COLLIDED ONTO VEH-A REAR. NO ONE WAS INJURED.

I (Owner/ In -charge/ Driver)	Nric No:	Vehicle no:
will be sending my above stated damaged vehicle to Company name:		for my vehicle damaged repairs and insurance claims.
GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharged Goldbell Engineering Pte Ltd		

**Declaration**

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

  
Witnessed by Reporting Centre Personnel 





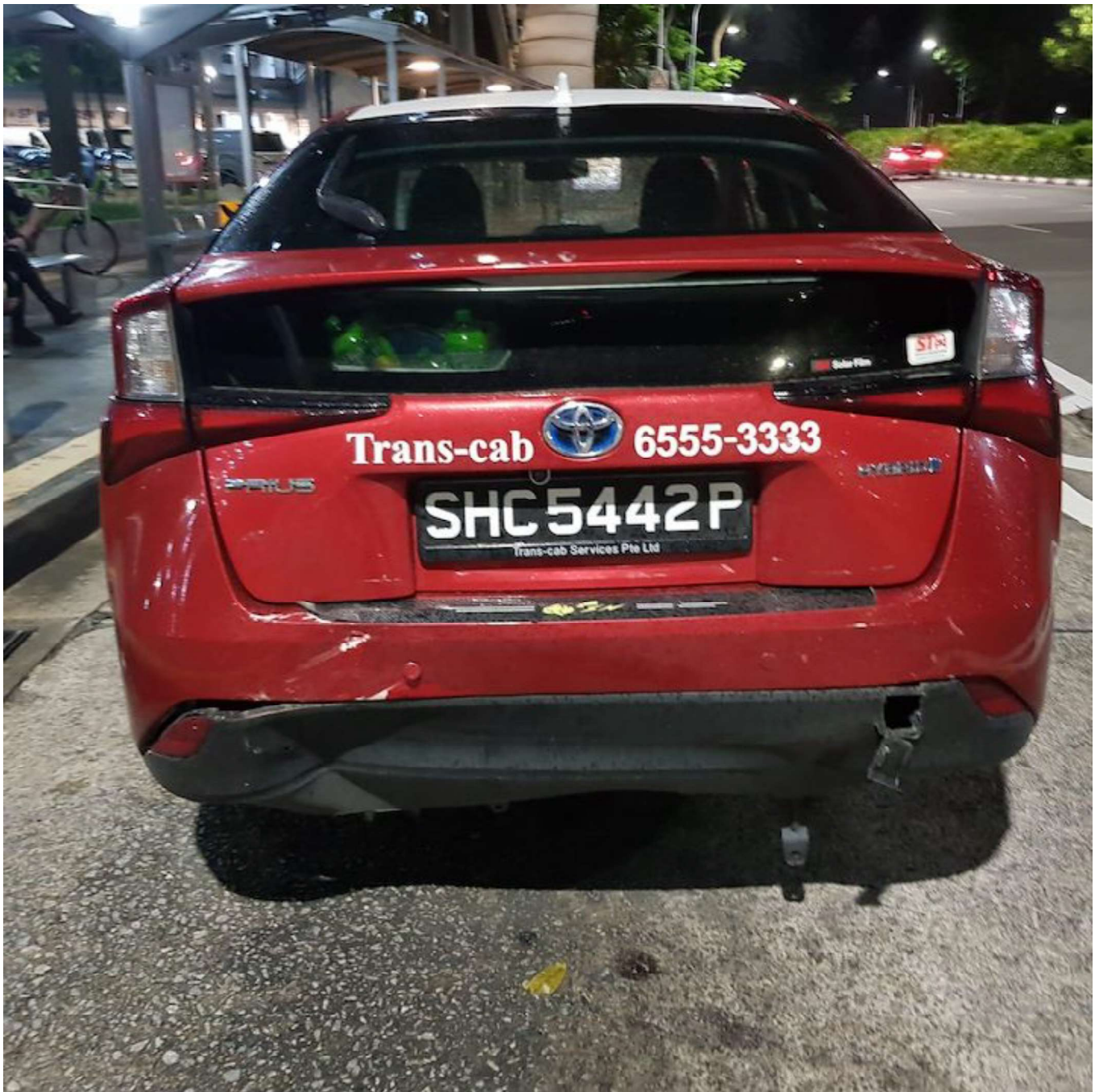




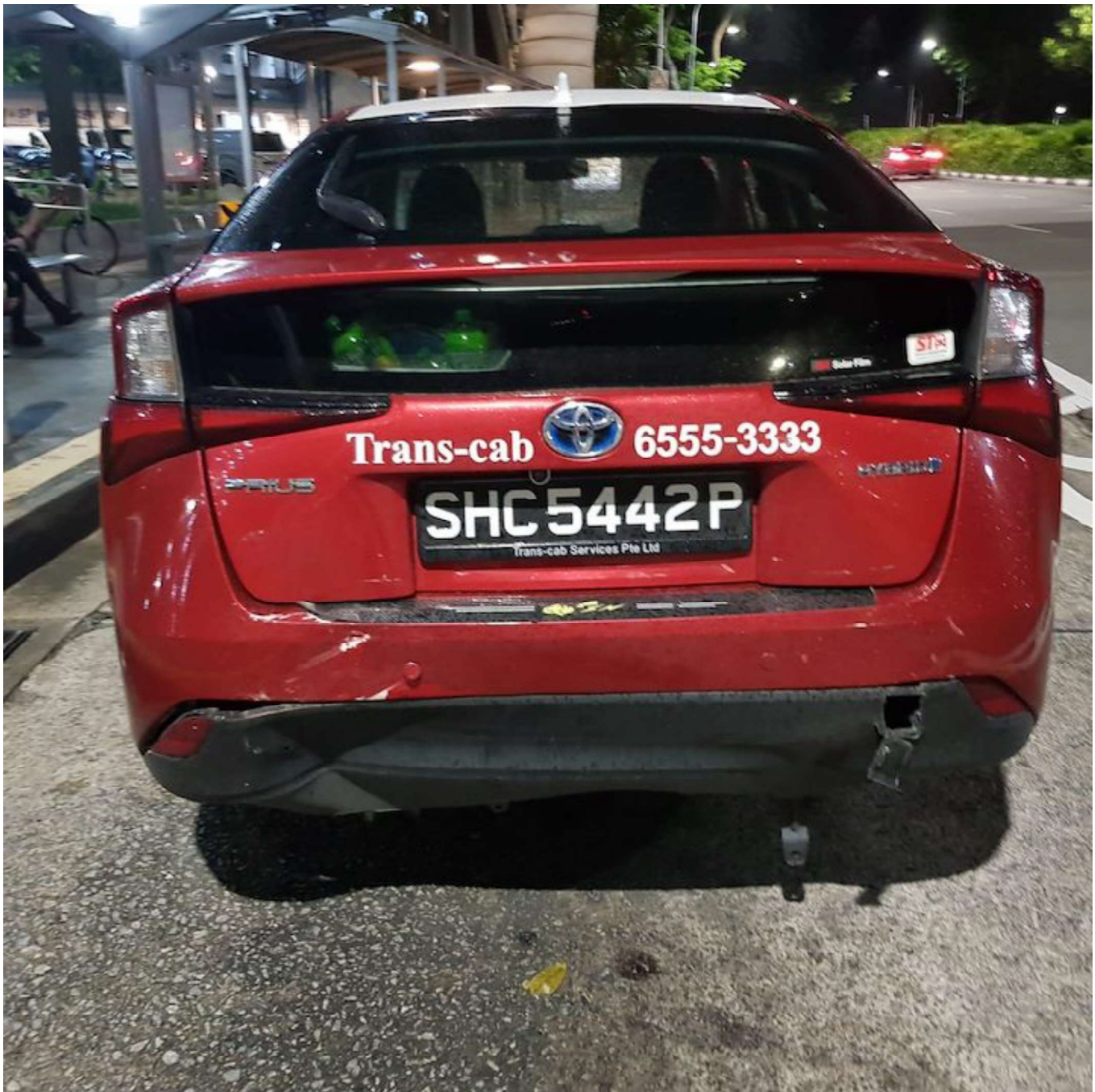














中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

ANG42DA

Cov Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1998 (Malaysia)

CERTIFICATE No.

DMPCSNW00180492201

Engine No. G4FGJ186299

Chs No. KMHD841CMAJ066455

1. Index Mark and Registration  
Number of Vehicle

SAD4193A

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

KOH SEE KIAT

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment18/08/2022  
(00:00:00)

Named Drivers Ex Sect. I

\$8500.00

Additional Ex Other than Named Drivers

Ex Sect. I - Age &lt;= 25

\$83,000.00

Ex Sect. I - Age &gt;= 26

\$8500.00

\* Age as at date of accident

EX ON WINDSCREEN

\$8100.00

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 \$8500 will apply to the Insured and Named Drivers in the event  
of Own Damage Claim at our Authorized Workshops for each Policy Year.

HERE PURCHASE CO. SWEET SENG CREDIT 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

Lim Lee Choo  
Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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☎ 6222 1033

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