



## 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	15/12/2022 11:40 (SGT)
Reported by	Both
Date of Accident	14/12/2022 13:25 (SGT)
Exact Location of Accident	734 Woodlands Cir, Block 734, Singapore 730734
Additional Location Information	DROP OFF POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9308P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG KOK LEONG THOMAS
NRIC No	SXXXX486B
Email Address	thomasngkl@gmail.com
Mobile Phone No	(Phone) +65-98150800
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	Private hire
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00014252202

### DRIVER

Name of Driver	NG KOK LEONG THOMAS
NRIC No	SXXXX486B
Date Of Birth	14/01/1963
Occupation	Outdoor

Date Of Driving Pass	05/01/1983
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150800
Alt. Phone Number	-
Email Address	thomasngkl@gmail.com
Address	BLK 627 BUKIT BATOK CENTRAL #07-638
Address complement	-
Postcode	650627
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?	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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD6945J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.



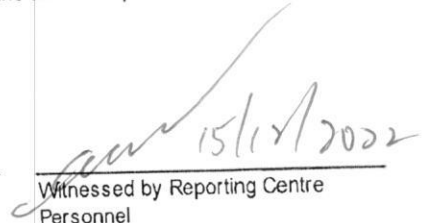
Policyholder's Signature / Date & Time

Sketch Plan



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

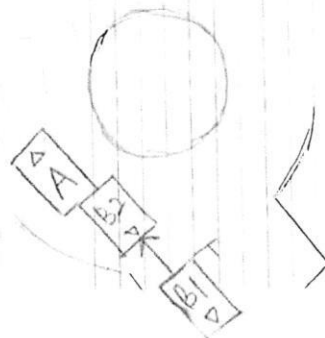
Blk 734 Woodland Circle



15/1/2022

Witnessed by Reporting Centre Personnel

A 2 SMU 9308P  
B 2 SMD 6945J




**Describe Circumstances of the Accident**

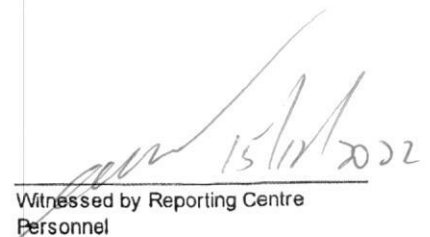
On 14.12.2022 at about 13:25hrs. I was travelling at  
Blk 734 Woodland circle of drop off <sup>my</sup> passenger. After passenger  
go down my vehicle. I felt an impact. The vehicle (SMD 6945 J)  
was reverse and collision rear portion of my vehicle (SMU 9308 P).

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

 14/12/2022  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 15/12/2022  
Witnessed by Reporting Centre  
Personnel

Date of Accident

: 14.12.2022 Accident Time: 13:25hrs (24-HR-Format)

Who reported the accident?

: Owner / Driver / Both

Accident Place

: Blk 734 Woodland circle (drop off point)

Vehicle No (Car Plate No)

: SMU 9308P Make/Model: Honda Shuttle 1.5G

Insurance Company

: China Taiping Policy No: DMHCSNA 0001425202

Fleet Policy

: YES/NO

Type of Coverage

: Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No

: Ng Kok Leong Thomas (S1609486B)

Owner Contact No

: 9815 0800 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

Driver Name / IC No

: As above

Driver's Date of Birth

: 14.01.1963 Driver's License Pass Date: 05 Jan 1983

Relationship of Driver

: Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address

: Blk 627 Bukit Batok Central #07-638 S 650627

Driver's Contact No

: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Driver's Occupation

: INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address

: thomasngkl@gmail.com

Weather & Road Surface

: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type

: Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver)

: 1 Driver

Was ther any video footage?

: YES / NO

Exact purpose used at time of accident

: Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State)

: No

Other Party Driver's Particular (if any)

VEH B: SMD 69457

Name & Contact No: \_\_\_\_\_

VEH C: \_\_\_\_\_

Name & Contact No: \_\_\_\_\_

VEH D: \_\_\_\_\_

Name & Contact No: \_\_\_\_\_

VEH E: \_\_\_\_\_

Name & Contact No: \_\_\_\_\_

\*NEW - Passenger's Name & Gender:





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

MZ406LB

R SH

ANC120A

Cov. Type: G

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 159)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00014252202

Engine No.: L1598020365

Chassis No.: GK82100278

1. Index Mark and Registration  
Number of Vehicle

SMU8308P

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

NG KOK LEONG THOMAS

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

04/09/2022  
(00:00:00)

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

03/09/2023

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.

NG KOK LEONG THOMAS

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

HIRE PURCHASE CO.: SWEE SENG CREDIT PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 159) 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 159) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: .....  
Lee Kian Heng Fred  
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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