

# 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 ..... 29/12/2022 16:59 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/12/2022 12:00 (SGT)  
Exact Location of Accident ..... Chulia St, Singapore  
Additional Location Information ..... ALONG CHULIA ST TURNING INTO PHILIP ST  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJN1120M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SG CAR LEASING PTE LTD  
Company Reg No ..... 201215889G  
Email Address ..... admin@sg-carleasing.com  
Mobile Phone No ..... (Phone) +65-69090123  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... FIELDER 1.5X A  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNA00011882202

### DRIVER

Name of Driver ..... TONY FOO JONG MENG  
NRIC No ..... S1637355I  
Date Of Birth ..... 13/08/1964  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/12/1982
Driving experience .....	40 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81333809
Alt. Phone Number .....	-
Email Address .....	admin@sg-carleasing.com
Address .....	APT BLK 90 YUAN CHING ROAD #04-38
Address complement .....	-
Postcode .....	618646
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
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) .....	4
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 .....	PASSENGER
Gender .....	Female

PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

PASSENGER 3

Name .....	PASSENGER
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

REFER TO SKETCH.

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 .....	SHA7917J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	HENG SWEE KIANG
NRIC No .....	S7130794H
Contact Number .....	(Phone) +65-88857702
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

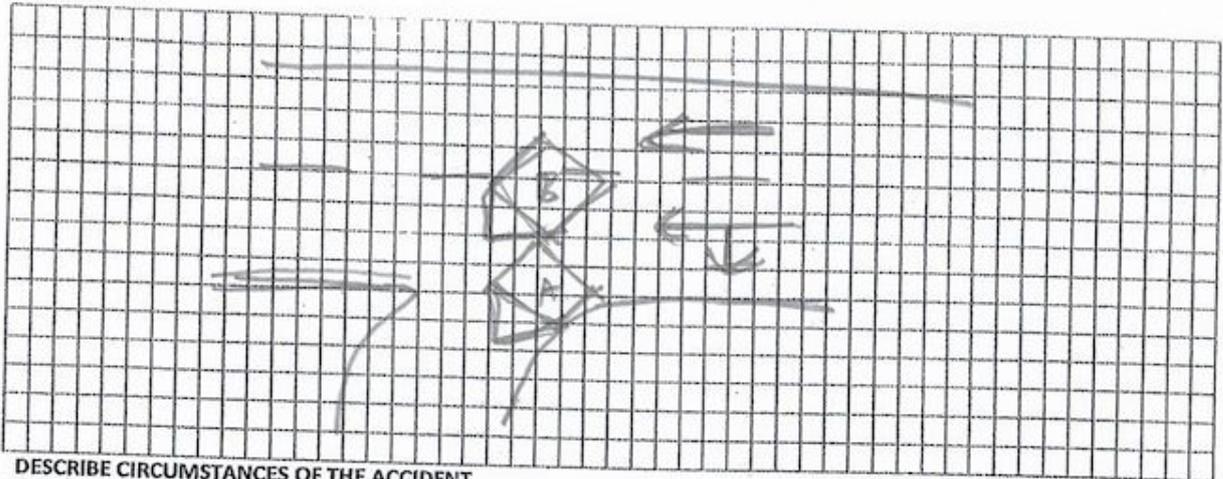


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - SSW1120M  
 B - SHA7917J

When I was turning left, car B from the right lane ~~was~~ tried to over take me while I was turning left.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- |                                     |                                              |
|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/>            | - Reporting Only                             |
| <input type="checkbox"/>            | - Claim OD                                   |
| <input checked="" type="checkbox"/> | - Claim TP                                   |
| <input checked="" type="checkbox"/> | - Claim <del>OD</del> / TP at other workshop |

DECLARATION

I/WE declare the foregoing particulars are true in every respect.



Policyholder's signature  
 Date & Time

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

Reporting Centre Personnel's Signature  
 Name:  
 Nric/Fin 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.

**CUSTOMER'S COPY**

Motor Hire Car

MZ406L/B

R SN

AN0600A

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.	DMHCSNA00011882202	Engine No.: 1NZD160042 Cha. No.: NZE1419082578
1. Index Mark and Registration Number of Vehicle	SJN1120M	AUTOSAFE *****
2. Name of Policy Holder	SG CAR LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/07/2022 (00:00:00)	
4. Date of Expiry of Insurance	06/07/2023	

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.

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.

\* 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.

Authorised Signatory

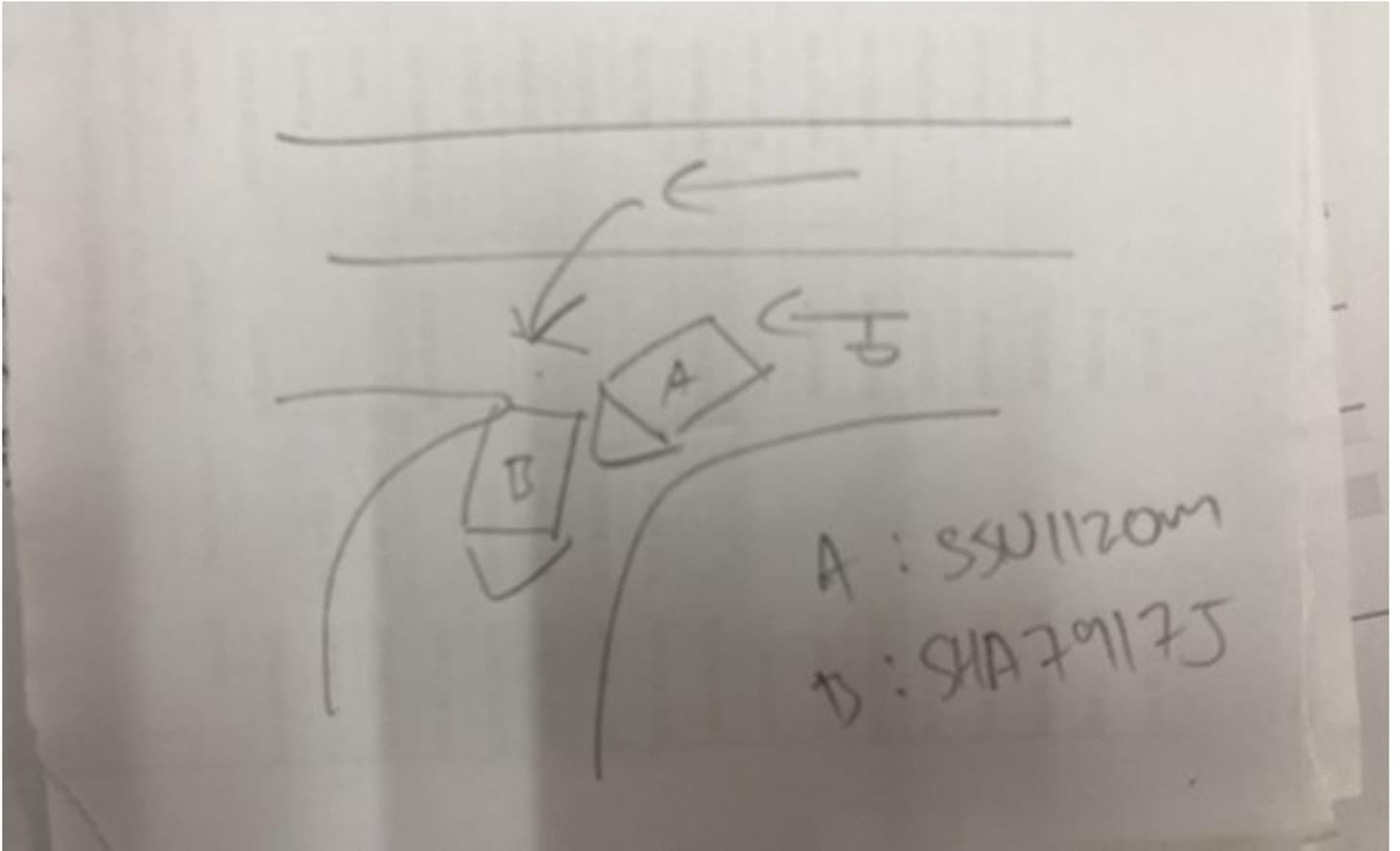
Issued By: .....  
Tan Xin Yi Josephine  
Authorised Officer

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.cntaiping.com

































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1N22CT0004 Vehicle Registration No: SJN1120M  
 Name (as shown in NRIC): TONY FOO JONG MENG NRIC/FIN/Passport No: S1637355I  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 90 YUAN CHING ROAD #04-38 Singapore 618646  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 81333809  
 Email Address: admin@sg-carleasing.com  
 Date of Accident: 29 DEC 2022 Time of Accident: 1200HRS  
 Place of Accident: ALONG CHULIA ST TURNING INTO PHILIP ST  
 Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO AMEND SKETCH PLAN 2 DRAWING.

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\_\_\_\_\_

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\_\_\_\_\_

  
 \_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: