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Owner / Driver: (		Tel:		)
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

**製造力をおけます。これの意味** 

3. Information provided mast be as idulting an decertor of 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**

05/01/2023 15:10 (SGT) Date of Submission Both Reported by 05/01/2023 07:30 (SGT) Date of Accident PIE, Singapore **Exact Location of Accident** TOWARDS TUAS BEFORE KPE EXIT Additional Location Information Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Private use

No - Claiming third party

SKM2144G Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? CHAN JIA LI, CAROLINE(CHEN JIALI) Name Of Registered Owner NRIC No SXXXX889E **Email Address** joanna@taurus.com.sg Mobile Phone No (Phone) +65-97241806 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Corolla Model Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Private car Transmission Auto 1598 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMPCSNW00104952200 Policy Number / Cover Note Number

DRIVER

ONG NEW YEOH Name of Driver SXXXX199G NRIC No 18/06/1962 Date Of Birth Outdoor Occupation

Date Of Driving Pass	31/03/1997	
Driving experience	25 YEARS AND 10 MONTHS	
Gender	Female	
Mobile Number	(Phone) +65-96933624	
Alt. Phone Number	-	
Email Address	joanna@taurus.com.sg	
Address	73 JALAN TUA KONG #07-02	
Address complement	Service Control of the Control of th	
Postcode	457266	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Parent	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver	1.15	
Venicle Registration Number of Other Venicle Office of Other	8. S.	
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?	Yes	
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)	J.	
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	-	
Original language acca in the clarement		
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? Was there any video captured by Car Camera?	Yes No	
	ER VEHICLE PROPERTY 1	

DETAILS	OF OTHER	VEHICLE	PRO	PERTY	U
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Vehicle Registration Number	SMN5418T
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)	-

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	ONG NEW YEOH
Gender	Female
Phone No	(Phone) +65-96933624
Address	-
Address Complement	1 ±
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKM2144G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident  1 Was fravelling straight along PIE towards tues
before KPE exit out of sudden i felt an
impact on my vehicle reas portion when i got
down i realised vehicle (b) collided onto my
vehicle

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

Witnessed by Reporting Centre Personnel

	Date of Accident	: 05/01/23 Accident Time: 0730am (24-HR-FORMAT)		
	Accident Place	PlE towards tuas before KPE exit		
	Vehicle Reg. No (Car plate No.)	: SKM Z1446 CC: 1.6 Vehicle Make/Model: toyota altis		
	Insurance Company	Chinal tai Ping Policy No. DMPCSNW00104952200		
	Name of Registered Owner	: Company/Individual chan Jia li caroline		
OW	ID of Registered Owner NER EMAIL ADDRESS:	: Co Reg No: Owner's NRIC No: _ \$ 8724889E		
70	DRIVER'S Name	: Co Contact No: Owner's Contact No: 97241806 Ong New Yeah DRIVER'S NRIC No: S15541996		
	DRIVER'S Date of Birth	18/06/1967 DRIVER'S License Pass Date 31/03/1997		
	Relationship bet. Owner & Driver	: Spouse \ Parens \Children\ Sibling \ Employee\ Others:		
	DRIVER'S Address	:73 Jalan tua Kong #67-02		
	DRIVER'S Contact No./ Alt No.	: 1) 96933624		
	DRIVER'S Occupation	: INDOOR \OUDOOR (eg. working inside or outside of an ofc)		
	Email Address	: joanna@tayrys.com.sg		
	Weather & Road Surface	: CLEAR DRY \ RAINING & WET \AFTER RAIN & WET		
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance		
	Was the accident reported to the police Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the injuries)	camera: YES \@O being used at the time of accident: Privile use \ Work purpose ured person)		
Vehicle Reg No: SMN 54187  Vehicle Reg No:				
	Vehicle Make\Model:	Vehicle Reg No:		
	Name DRIVER:	<u> </u>		
	IC No. DRIVER:			
	DRIVER'S Contact & add:			
		CHINESE / MALAY / TAMIL OTHERS:		
	WHO REPORTED THE ACCIDENT : OWNER	1/ DPU)ER / POTH		



Motor Private Car

MX1F

N SN

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.

DMPCSNW00104952200

Engine No.: 1ZRX377200

Cha. No.:MR053REH104000033

Index Mark and Registration

SKM2144G

AUTOSAFF

Number of Vehicle 2. Name of Policy Holder

4. Date of Expiry of Insurance

CHAN JIA LI, CAROLINE (CHEN JIALI)

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (15:28:14)

Named Drivers Ex Sect. I

\$\$500.00

04/02/2024

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26

\* Age as at date of accident EX ON WINDSCREEN .

S\$100.00

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 luition 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 S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: EZY-1 SERVICES PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ₱3 Anson Road #16-00 Springleaf Tower Singapore 079909

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