

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 09/01/2023 11:42 (SGT)
Reported by Driver
Date of Accident 08/01/2023 12:45 (SGT)
Exact Location of Accident Geylang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ4881D
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner LIM CHUI GEOK
NRIC No SXXXX981Z
Email Address jingxuan.ang@gmail.com
Mobile Phone No (Phone) +65-94234197
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00139522100

DRIVER

Name of Driver ANG JINGXUAN
NRIC No TXXXX973E
Date Of Birth 19/09/2000
Occupation Indoor

Date Of Driving Pass	24/11/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84996155
Alt. Phone Number	-
Email Address	jingxuan.ang@gmail.com
Address	BLK 209 PETIR ROAD #01-489
Address complement	-
Postcode	670209
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL2565T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM SENG HAY
NRIC No	SXXXX478A

Contact Number	(Phone) +65-91005881
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNF9148B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED ISBAHALLAH BIN DARJAN
NRIC No	SXXXX549B
Contact Number	-
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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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

Th *9/1/23 11:30 AM*

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

nan *09/01/2022*

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

Sketch Plan

Along

A	A) SMQ 4881 D
C	B) SLL 2565 T
A	C) SNF 9168 B
B	
A	
A	

Describe Circumstance of the Accident

At the stop light, ~~I could not stop~~ the cars were moving and stopping due to heavy traffic. However, I could not stop in time and collided into the car in front of me. The car in front of me collided into the car in front as a result. 3 CAR CHAIN COLLISION.

Declaration

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

Policyholder's Signature / Date & Time

 9/1/23 11:30AM

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

 09/01/2022

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

ACCIDENT STATEMENT

ACCIDENT DATE: 08/01/2023 (DD/MM/YYYY), TIME: 12:45 (HH:MM)

LOCATION: LORONG GEYLANG, ALONG SPONG AKAUNG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM 94861D
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMP624900261662201
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI AVANTE 1.6 AUTO/MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LIM CHAI GEOK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1748981Z CONTACT: 94234197
c) ADDRESS: Blk 209 petit Road #01-489

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANH JINXUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0024173E CONTACT: 84996165
c) ADDRESS: Blk 209 petit Road #01-489

* d) DATE OF BIRTH: 19/09/2006 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 0 24/11/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNF9148B MODEL: TOYOTA HYBRID
b) DRIVER'S NAME: MOHAMED ISBAHALLAH BIN DARJAN
c) NRIC/FIN/PASSPORT: S1706549B CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SL2565T MODEL: TOYOTA
e) DRIVER'S NAME: LIM SENG HAY
f) NRIC/FIN/PASSPORT: S1252478A CONTACT: 91005661

* No. of passengers
(including driver)
(1)

* No. of passengers
(including driver)
(1)

* No. of passengers
(including driver)
(1)

Email = jinxuan.ang@gmail.com

fax =

video =

RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:

1. ANY AXS STATIONS, OR
2. INTEREST INSTALMENT PLAN WITH OCHS CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

DMPCSAW0013952100

Agency	DR0555P	Class of Policy	Motor Private Car	Policy No.	DMPCSAW0013952100
Account	DR0555P	Ren. Notice Date	03/10/2022	Expiry Date	20/11/2022
Client	LO708961				

Renewal Period from 21-11-2022 to 20-11-2023, both dates inclusive

Insured's Name	LIM CHUI GEOK
Address	209 PETER ROAD #01-489 SINGAPORE 670209
Business/Occupation	MANAGER

Premium	Basic Annual Premium	S\$1,871.00
	Less 5% Loyalty Discount	S\$ 93.55
	No Claim Discount -50%	S\$ 898.73
	Promotion Discount	S\$ 88.87
	Total Annual Premium	S\$799.85
	Renew. Premium	S\$799.85
	Premium GST	S\$55.99
	Total	S\$855.84

PLEASE BE INFORMED THAT THE ADDITIONAL EXCESS OTHER THAN NAMED DRIVER CLAUSE BELOW HAS BEEN AMENDED UPON RENEWAL OF THIS POLICY

Risk No. 1	Motor Private Car	No. of seats	: 5
Make/Model	: Hyundai Avante 1.6 GLS 4DR Auto	Body Type	: Saloon
Registration	: SMQ4881D	Capacity occ	: 1591
Engine No.	: G4FGKU473120	Certificate Ref.	: MX1P
Chassis No.	: KMIB0841CMLJ008798		
Year of Manuf/Repr.	: 2019/21.11.2019		
Type of Cover	: Comprehensive		
Financial Interest	: TOKYO CENTURY LEASING (S) PTE LTD		
Sum Insured	: Market Value at the time of loss		
Sum Insured: Market value at the time of loss			
Named Drivers Ex Sect. I		: S\$500.00	
Additional Ex Other than Named Drivers:			
Ex Sect. I - Age <= 25		: S\$3,000.00	
Ex Sect. I - Age >= 26		: S\$500.00	

*An additional excess of \$1,000 shall apply for Inexperienced Driver with less than 1 year Singapore Driving Licence.
The maximum additional excess of \$1,500 shall apply if the driver is both Young (Age <=25) and inexperienced (less than 1 year Singapore Driving Licence), unless otherwise stated in the policy.

Continued on page 2