

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	05/01/2023 17:55 (SGT)
Reported by	Both
Date of Accident	05/01/2023 10:35 (SGT)
Exact Location of Accident	391 Orchard Rd, Singapore 238872
Additional Location Information	Takashimaya Shopping Centre (pickup point)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9615L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THIAN TIONG HING
NRIC No	SXXXX004Z
Email Address	elflowers3@gmail.com
Mobile Phone No	(Phone) +65-96663120
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
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	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00002542200

DRIVER

Name of Driver	THIAN TIONG HING
NRIC No	SXXXX004Z
Date Of Birth	29/05/1960
Occupation	Outdoor

Date Of Driving Pass	24/12/1977
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96663120
Alt. Phone Number	-
Email Address	elflowers3@gmail.com
Address	4 Bedok Reservoir View #02-06
Address complement	-
Postcode	479233
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 - Major/Minor Rd
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) 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 the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	The video is with the repair workshop, Thiam Heng Huat Pte Ltd.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5154G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Ong Kian Huat

NRIC No	SXXXX003Z
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	Thian Tiong Hing
Gender	Male
Phone No	(Phone) +65-96663120
Address	Blk 4 Bedok Servoir View #02-06
Address Complement	-
Post Code	479233
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX9615L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

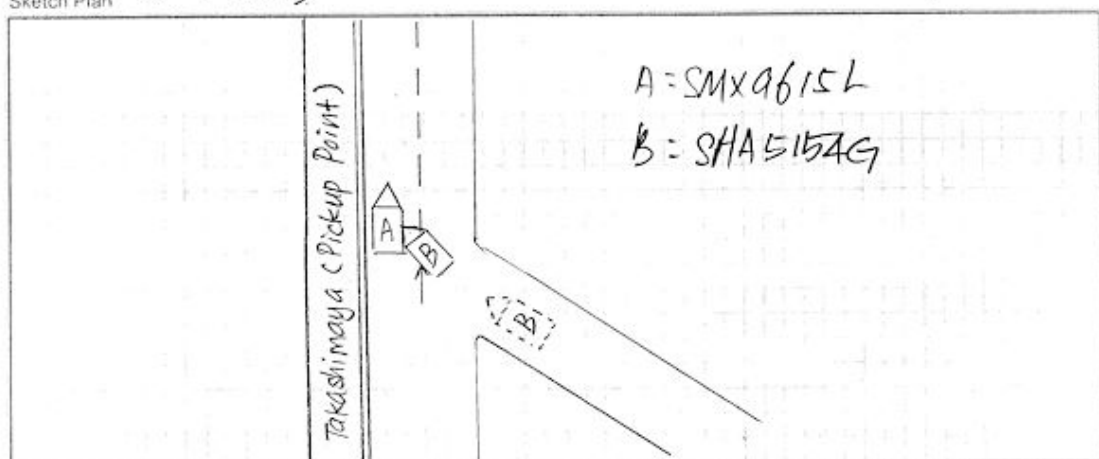
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6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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

 Sketch Plan 5-1-2023

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

 5-1-2023

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




Describe Circumstance of the Accident

On 5.1.2023 at about 1035 hrs, I was driving to Takashimaya
in
pickup point and I was in my lane. Suddenly a taxi SHAB15467 which
drive in from my right side and hit onto my rear right side.

I have the footage of the accident which was capture on
my in-car camera. I also took photos of the accident and the damaged
of my vehicle.

Declaration

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


Policyholder's Signature / Date & Time
5-1-2023


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

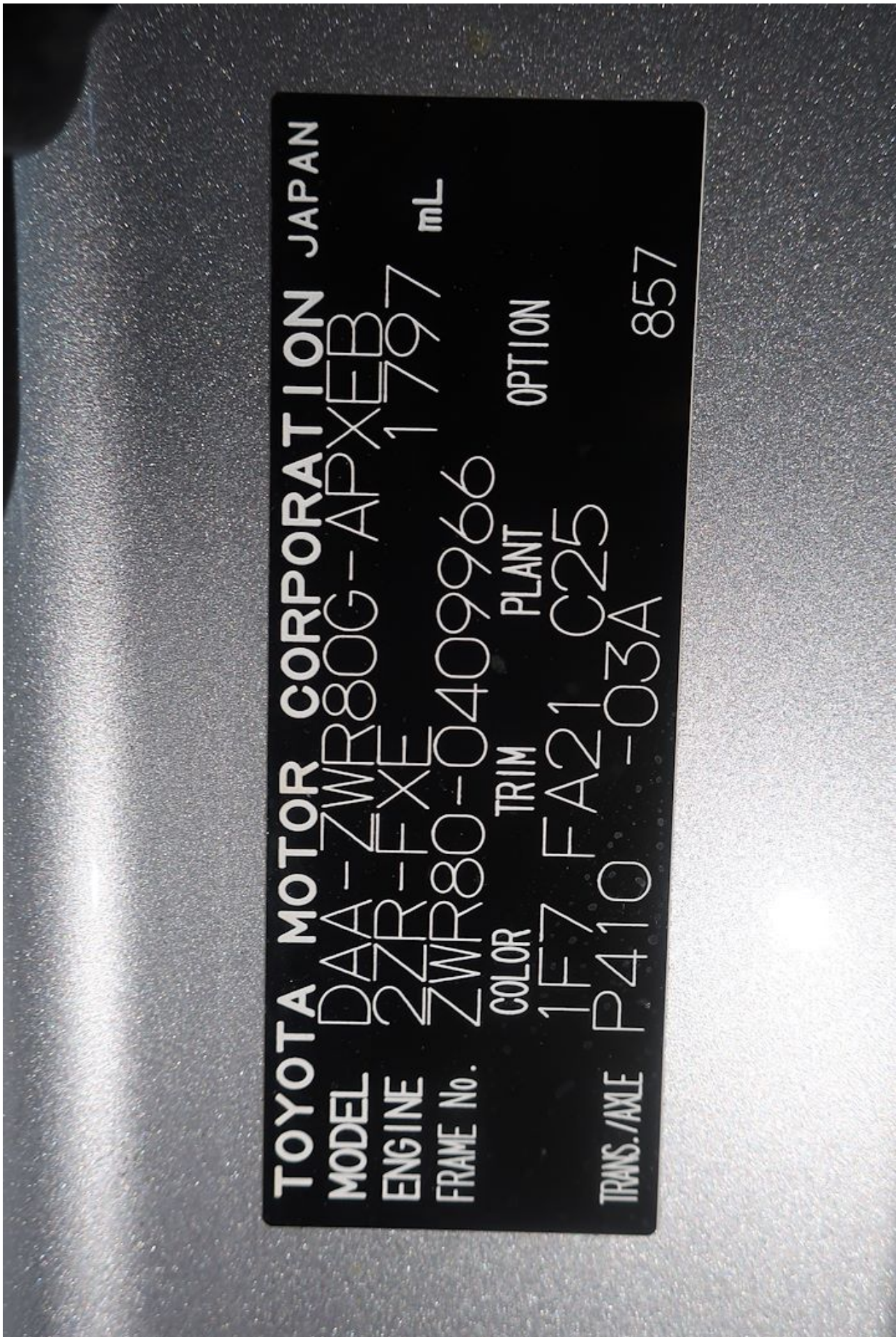

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) SOH JIT HOON
2















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: _____ Vehicle Registration No: SMX9615L
 Name (as shown in NRIC): THIAN TIONG HING NRIC/FIN/Passport No: S1452004Z
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 4 BEDOK RESERVOIR VIEW #02-06 Singapore (479233)
 Contact (Tel): _____ Mobile No.: 96663120
 Email Address: elflowers3@gmail.com
 Date of Accident: 05.01.2023 Time of Accident: 1135HRS
 Place of Accident: TAKASHIMAYA PICKUP POINT
 Insurance Company: CHINA TAIPING INSURANCE

(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:

DRIVER HAD GIVEN 2 DAYS MC.

 Policyholder / Driver's Signature
 Date:

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



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

M2406L/B

N SN

AN0695A

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.	DMHCSNW00002542200	Engine No.: 22R0E55535 Cha. No.: ZWR800409966
1. Index Mark and Registration Number of Vehicle	SMX9615L	AUTOSAFE *****
2. Name of Policy Holder	THIAN TIONG HING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08/02/2022 (00:00:00)	Excess Sect. I . \$S1,250.00 Excess Sect. I (Outside Singapore) \$S2,500.00 Excess Sect. II \$S1,250.00
4. Date of Expiry of Insurance	07/02/2023	Excess Sect. II (Outside Singapore). \$S2,500.00 EX ON WINDSCREEN . \$S100.00
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>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.</p> <p>THIAN TIONG HING</p>		
<p>6. Limitations as to use.*</p> <p>(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.</p> <p>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.</p>		
<p>HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD</p> <p>* 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.</p>		

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: Tan Xin Yi Josephine
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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