



## 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	25/01/2023 13:31 (SGT)
Reported by	Both
Date of Accident	20/01/2023 18:27 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD717Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEONG HWEE CHENG
NRIC No	SXXXX084C
Email Address	ac00455@gmail.com
Mobile Phone No	(Phone) +65-87783663
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Renault
Model	Kadjar
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	1461

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00106562200

### DRIVER

Name of Driver	CHEONG HWEE CHENG
NRIC No	SXXXX084C
Date Of Birth	05/04/1971
Occupation	Indoor

Date Of Driving Pass .....	23/10/1993
Driving experience .....	29 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87783663
Alt. Phone Number .....	-
Email Address .....	ac00455@gmail.com
Address .....	BLK 140 JALAN BUKIT MERAH #19-1156
Address complement .....	-
Postcode .....	160140
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 .....	Side Swipe
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMU8526H
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN WEE HAO
Contact Number .....	(Phone) +65-91441790

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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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.**
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.

*Shelly* 25/1/2023  
Policyholder's Signature / Date & Time

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

*James* 25/01/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

Accident

2 pax in

SDD71741A

SMU 852611 9

Rain / wet

Describe Circumstance of the Accident

VEHICLE NO: SDD 714 Y

ACCIDENT DATE & TIME: 20th Jan 6.27pm

CONTACT NUMBER: 8718 3663

E-MAIL: accph4556@gmail.com

LOCATION: Orchard Rd

I was driving along Orchard Rd toward Plaza Singapura. Due to the wet weather all cars were driving quite slowly, however in front of my car there was an accident. I had no choice need to filter left. I had signal I was moving out very slowly as can view from the video provided.

A car came from the left driving at quite a fast speed. Both cars collided.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ CLAIM OD/TP AT OTHER WORKSHOP ☐ REPORTING ONLY

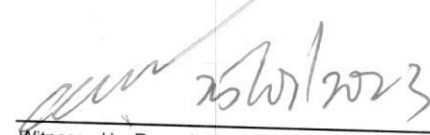
Declaration

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

 25/1/2023

Policyholder's Signature / Date & Time

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

 25/1/2023

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 01 / 2023) (DD/MM/YYYY), TIME: (6.27) (HH:MM)

LOCATION: Orchard Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDD717Y  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMPCS NW00106562200  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Renault Koolaj 1.5  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: CHEONG HWEE CHENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S71130841C CONTACT: 8178 3663  
 c) ADDRESS: 140 Jalan Bt Merah #19-1156  
 160140

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
 (including driver)  
 ( )

- DRIVER  
 a) NAME: AS above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

d) DATE OF BIRTH: (05 / 04 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23.10.1983

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 23.10.1983

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

No of passenger  
 (including driver)  
 ( )

- a) VEHICLE NUMBER: SMU 852614 MODEL: Honda  
 b) DRIVER'S NAME: Tan Wee Hao  
 c) NRIC/FIN/PASSPORT: 8318009 CONTACT: 9144 1798

## 9. THIRD PARTY VEHICLE

No of passenger  
 (including driver)  
 ( )

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME: CONTACT:  
 f) NRIC/FIN/PASSPORT:

email: acc004556@gmail.com  
 VIDAO



Motor Private Car

MX1E

N SN

AN0421A

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.

DMPCSNW00106562200

Engine No.: VF1RFE00257109348

Cha. No.: VF1RFE00257109348

1. Index Mark and Registration  
Number of Vehicle

SDD717Y

AUTOSAFE

=====

2. Name of Policy Holder

CHEONG HWEE CHENG

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

24/05/2022  
(00:00:00)

Named Drivers Ex Sect. I

S\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

5. 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 tuition 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\$1,000 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. : STANDARD CHARTERED BANK(S) LIMITED

\* 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: VITESSE SOLUTIONS  
Authorised Officer

Authorised Signatory