

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 12:50 (SGT)
Reported by Both
Date of Accident 20/01/2023 18:35 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR6567T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KWAN JUN HUNG
NRIC No S 509E
Email Address
Mobile Phone No
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Renault
Model Scenic
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? No - Claiming third party
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 DMHCSNW00013302200

DRIVER

Name of Driver KWAN JUN HUNG
NRIC No S 509E
Date Of Birth 16/12/1979
Occupation Outdoor

Date Of Driving Pass	20/09/2001
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-
Alt. Phone Number	-
Email Address	-
Address	-
Address complement	-
Postcode	-
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 - Head on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	NA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1186H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BAK KEE
NRIC No	S1297812Z
Contact Number	(Phone) +65-9451894
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR6567T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



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

MZ405L/B

N SN

AN0218A

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)

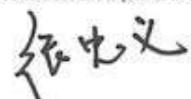
CERTIFICATE No.	DMHCSNW00013302200	Engine No.: K9KF649D060183	
		Cha. No.: VF1RFA00363211954	
1. Index Mark and Registration Number of Vehicle	SMR6567T	AUTOSAFE	=====
2. Name of Policy Holder	KWAN JUN HUNG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/07/2022 (00:00:00)	Excess Sect. I	SS\$1,250.00
		Excess Sect. I (Outside Singapore)	SS\$2,500.00
		Excess Sect. II	SS\$1,250.00
4. Date of Expiry of Insurance	27/07/2023	Excess Sect. II (Outside Singapore)	SS\$2,500.00
		EX ON WINDSCREEN	SS\$100.00
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. KWAN JUN HUNG		
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.		
HIRE PURCHASE CO.: GOLDBELL FINANCIAL SERVICES 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: SHUANG HUP AGENCY
Authorised Officer


Authorised Signatory

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

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.:



























**SINGAPORE
POLICE FORCE**



T/20230124/2012

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 4

Report No. T/20230124/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR6567T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000133 02200	28/07/2022	27/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Tan Bak Kee	ID No.	S1297812Z	
Related Vehicle	SLV1186H (Car)	Contact No.	94518914	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	KWAN JUN HUNG	ID No.	S 309E	
Related Vehicle	SMR6567T (Car)	Contact No.		
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On 20/01/2023 at about 1835HRS, I was driving my car SMR6567T along PIE and was at the left lane exiting to KPE towards Punggol. There was very heavy traffic and the cars were moving slowly. Suddenly, a car in front of me came to a complete stop and I stepped on my brake, coming to a complete stop as well. However, the car behind me SLV1186H, collided onto the rear of my car. I had a passenger in my car at that point of time. My car boot was damaged and could not close. The other car's plate and front bumper was slightly damaged. I immediately alighted and exchanged particulars with the other driver. No government property was damaged, no Traffic Police or Ambulance attended the incident, no pedestrians were involved, and no foreign vehicle was involved.

There was no injury at first, but I felt pain around my neck later that day. Therefore, I went to see a doctor the next day at Mount Alvernia Hospital and was given 5 days for my medical certificate, ref M230000107148 from 21/01/2023 to 25/01/2023 due to the pain at the back of my neck caused by the whiplash when the vehicles collided. To my knowledge, no other person was injured. I am also lodging this report for insurance claim. That is all.



**SINGAPORE
POLICE FORCE**

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Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20230124/2012

3 of 4

Report No. T/20230124/2012

CONTINUATION OF REPORT



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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20230124/2012

4 of 4

Report No: T/20230124/2012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: L/ SC2 ADIB BIN MOHD SALLEH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2023 10:22
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168