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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

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 witholding 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**

13/02/2023 08:54 (SGT) Date of Submission .... Both Policyholder and Actual Driver Reported by 10/02/2023 13:00 (SGT) Date of Accident Singapore Exact Location of Accident TERMINAL 4 MULTI-STOREY CARPARK Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

SMY6765B Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? LOKE KUM THONG Name Of Registered Owner SXXXX928H NRIC No Email Address albert86681223@gmail.com (Phone) +65-88622273 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

Toyota Manufacturer Noah Model Variant ..... Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto Transmission 1797

#### INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMHCSNW00002662201 Policy Number / Cover Note Number

#### DRIVER

LOKE KUM THONG Name of Driver SXXXX928H NRIC No 24/05/1966 Date Of Birth Occupation Outdoor

Date Of Driving Pass Driving experience	02/03/1984 38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88622273
Alt. Phone Number	-
Email Address	albert86681223@gmail.com
	APT BLK 648 JALAN TENAGA
Address Address complement	# 04-135
Postcode	410648
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	110
	L.
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
Noad Sulface	-7
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Number of venicles involved in the accident	Yes
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
Soliciting/offering accident claims assistance? Translator's name	140
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 ATTACHED STATEMENT	
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	WITH OWNER
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SML2558C
Vehicle Manufacturer	-
Vehicle Model	•

Vehicle Registration Number	SML2558C
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	LOKE KUM THONG
Gender	Male
Phone No	(Phone) +65-88622273
Address	APT BLK 648 JALAN TENAGA
Address Complement	# 04-135
Post Code	410648
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SMY6765B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

## IMPORTANT NOTICE

- Pleas €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 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. Consert under the Personal Data Protection Act (PDPA)

I understaind, 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.

0 2 23 . Policyholder's Signature / Date & Time

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

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

Sketch Plan

Terminal 4 Mulfi-Storey Capadle

Shop Mark A SMY 6765B

B-SML 2558C

Pawling of Shop Mark A SMY 6765B

Describe Circumstance of the Accident
I was chiving on the drive way within the Cerpark, the Cerr  SML 2558c Ceme out from my left and hit my front left portion of my vehicle: He failed to stop at the white line to check for
SML 25586 Ceime out from my tell and hil my le ( 1.1)
of my vehicle. He failed my left and hit my front left portion
showing ballice to stop at the white line to check for
on coming frustic.
Declaration

Declaration

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

Policyholder's Signature / Date & Time

Addial Oriver's Signature (if driver is not the policyholder)

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

# ACCIDENT'STATEMENT

ACCIDENT DATE (10,02, 2023) (DD/MM/YYYY), TIME (13,00) (HH:MM)	22
LOCATION: Terminal & multi-storey Cerpark	
1. DETAILS OF VEHICLE  O) VEHICLE NUMBER: SMY 6765B	
b) INSURANCE COMPANY: China Taiping	
CIPOLICY NUMBER: DMHCSNW00002662201	
e) MAKE & MODEL: Toyotu Noah 1.8 (AUTO) MANUAL	
BIVEHICLE CATEGOR (PRIVALE) COMMERCIAL / MOTORCYCLE)	
TOTAL OSL OF USING AT ACCIDENT TIME TYPOATE WAS	٠
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE [YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
Z. INSUKED / POLICY HOLDER	
A)NAME: Loke Kum thong MALE FEMALE	2
DINRIC/FIN/BASSPORT: SI736928H CONTACT: 8862227.	5
5 410 648	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
() including disease) C) NAME AS Above. [MALE / FEMALE]	
DINRIC/FIN/PASSPORT: CONTACT	
CJADDRESS:	
"d) DATE OF BIRTH: (24 / 05/ 1966) (DD/MM/YYYY)	
e) OCCUPATION: (INDOOR /OUTDOOR)	
1) YEARS OF DRIVING EXPRENIENCE 02 103 1984  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES INC.)	
TE NO DEL ATTOCKETO DE LA TRANSPORTANTE DE LA	
TO NO, RELATIONSHIP OF THE PRIVER WITH INSURED:	e
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: PRIVATE HIV  5. GIVENTHER CONDITION: CLEAR RAINING / OTHERS	e
DIROAD SURFACE (DR) / WET / OTHERS	e
6. WAS ANYBODY INJURED (YES) NO) Neck Pain 7. OJREPORTED TO POLICE (YES) NO)	e
5. GIWEATHER CONDITION: CLEAR RAINING / OTHERS  6. WAS ANYBODY INJURED (YES NO) Neck pain  7. GIREPORTED TO POLICE (YES NO)  IF YES, PLEASE STATE WHICH POLICE STATION:	e
5. GIVENTHER CONDITION: CLEAR RAINING / OTHERS  DIROND SURFACE (DR) / WET / OTHERS  6. WAS ANYBODY INJURED (YES NO) Neck POIN  7. GIREPORTED TO POLICE (YES NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  WHICH POLICE STATION:  9. VEHICLE NUMBER: SML 2558C MODEL:	e
DIROND SURFACE (DR) / WE / OTHERS  6. WAS ANYBODY INJURED (YES) NO) Neck pain  7. DIREPORTED TO POLICE (YES) NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SML 2558C MODEL:	e
5. GIWENTHER CONDITION: CLEAR RAINING / OTHERS  6. WAS ANYBODY INJURED (YES) NO) Neck Pain  7. GIREPORTED TO POLICE (YES) NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SML 2556C MODEL:  [Including chiver] b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:	e
5. GIWENTHER CONDITION: CLEAR RAINING / OTHERS  6. WAS ANYBODY INJURED (YES NO) Neck Pain  7. GIREPORTED TO POLICE (YES NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  WHICH POLICE NUMBER: SML 2558C MODEL:  [ Including claiver ) DIVER'S NAME:  C NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE	e
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CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Him Cor

MZ406L/B

SN

AND055A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Trird-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.

DMHCSNW00002662201

Engine No.: 2ZR0F34115

Che No 7MR800436252

1. Index Mark and Registration

SMY6765B

AUTOSAFE

Number of Vehicle

LOKE KUM THONG

2. Name of Policy Holder

Excess Sect 1

\$\$1,250.00

Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00)

19/03/2022

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II

\$\$1,250.00

4. Date of Expiry of Insurance

18/03/2023

Excess Sect.II (Outside Singapore).

\$\$2,500.00

EX ON WINDSCREEN

\$\$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

LOKE KUM THONG

6. Limitations as to use:"

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) 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: 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

Q6389 6111

6222 1033

www.sg.cntaiping.com