

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	21/02/2023 17:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/02/2023 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BISHAN STREET 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EP399G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EMILY HWANG MEI CHEN
NRIC No	S7271026F
Email Address	EMILY13SG@GMAIL.COM
Mobile Phone No	(Phone) +65-90170018
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2493

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00041512203

DRIVER

Name of Driver	MARCUS YONG YOONG TENG
NRIC No	S9830320J
Date Of Birth	14/09/1998
Occupation	Outdoor

Date Of Driving Pass	18/01/2018
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98399961
Alt. Phone Number	-
Email Address	MARCUSYONGYT@GMAIL.COM
Address	235 ARCADIA ROAD
Address complement	#01-03 THE ARCADIA
Postcode	289843
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	No 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	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)	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	TIMOTHY CHEW
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT.

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 TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2578B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

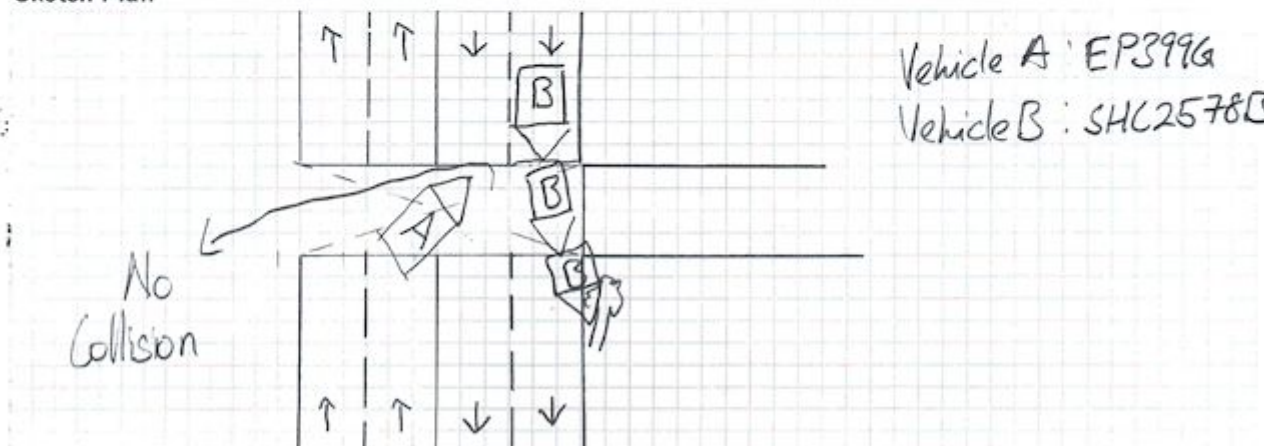
Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

Refer to Police report.

Report no. : T/20230213/7092

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
TimeDriver's Signature (if driver is not the policyholder) / Date
& Time
Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20230213/7092

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20230213/7092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2023 18:39		Vide Report No.: E/20230212/0212		Station Diary No.:	
Informant's Particulars					
Name of Informant: MARCUS YONG YOONG TENG			Address: 235 ARCADIA ROAD #01-03 SINGAPORE 289843		
ID Type / ID No.: NRIC NO / S9830320J			Contact No.: Home/Office: Mobile: 98399961		
Nationality: SINGAPORE CITIZEN			Email: MARCUSYONGYT@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 14/09/1998	Type of Informant: Witness		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Clerk Assistant			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/02/2023 22:30	Type of Location: T-Junction
Location: BISHAN STREET 11				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
EP399G	Car	TOYOTA	Alphard	Black	No Damage	1
SHC2578B	Car	HYUNDAI		Blue	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230213/7092

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230213/7092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TIMOTHY CHEW	ID No.	NIL
Related Vehicle	EP399G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHC2578B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/02/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHC2578B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/02/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 12/2/2023, at about (time of the incident) I was sending my friend Timothy back home in Bishan and as the traffic lights turned green in my favour, I took a right turn towards his residences (Block 156 HDB Bishan) from Bishan Street 11. As I was about to make the turn, I noticed an approaching vehicle traveling at a high speed and I performed an emergency stop. The vehicle sped past the front my vehicle (with no contact to my vehicle) and collided into a tree next to a traffic light. I then completed the turn (about 5m away from where the collision occurred), I turned on my hazard lights and rushed to the vehicle to aid the driver and passenger.

**SINGAPORE
POLICE FORCE**

T/20230213/7092

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Report No. T/20230213/7092

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

As I approached the vehicle, the passenger in the front seat opened the door and exited the vehicle, so I moved to the driver's side and with the help from another person (who had rushed over from the void deck next to the accident), we pulled open the driver's side door which was lightly stuck on the grass and assisted the elderly driver out of the vehicle. We then helped the driver onto the sidewalk, there were other people who came to help and brought a chair to let the driver sit while Timothy called an ambulance and another passerby called the police. From what I have observed there were no external injuries to both driver and passenger, the passenger mentioned that his lower back was painful due to the collision and the driver mentioned about chest pain, while I had observed that he had a type of medical bag connected to his waist that had been opened due to the collision. I then proceeded to move my vehicle to a safer position so as to not disrupt oncoming traffic and returned to the scene immediately after doing so.

I then waited for the paramedics and police officers to arrive, in which Timothy and I proceeded to brief one paramedic and one officer about what had happened. One officer then asked me to drive my vehicle to where their police motorcycles were parked so they could assess my vehicle. Once that was done, I then passed them the SD card of my vehicle's dashboard camera and once they had taken my IC and Driver's licence info, I signed an acknowledgement slip and the officers said it was alright for me to go home.



**SINGAPORE
POLICE FORCE**



T/20230213/7092

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230213/7092

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
13/02/2023 18:39

Classification Of Case:



中国太平保险(新加坡)有限公司
CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

AN0420A

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.	DMPCSNW00041512203	Engine No.: 2ARJ216064 Cha. No.: AGH300217874
1. Index Mark and Registration Number of Vehicle	EP399G	AUTOSAFE =====
2. Name of Policy Holder	EMILY HWANG MEI CHEN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/03/2022 (00:00:00)	Named Drivers Ex Sect. I S\$750.00 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
4. Date of Expiry of Insurance	04/03/2023	
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\$500 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. : HL BANK AS HP OWNER

* 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



[Signature]

For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

[Signature]

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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