

## 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 .....	27/02/2023 15:56 (SGT)
Reported by .....	Driver
Date of Accident .....	25/02/2023 21:35 (SGT)
Exact Location of Accident .....	Bukit Panjang Ring Rd, Singapore
Additional Location Information .....	JUNCTION OF BUKIT PANJANG RING RD & BANGKIT RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ6049C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SUPERTEC LIMOUSIN PTE LTD
Company Reg No .....	2XXXXX332H
Email Address .....	chuaenglim1970@gmail.com
Mobile Phone No .....	(Phone) +65-87824933
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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 hire
Transmission .....	Auto
CC .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00005152201

#### DRIVER

Name of Driver .....	CHUA ENG LIM
NRIC No .....	SXXXX837I
Date Of Birth .....	21/01/1970
Occupation .....	Outdoor

Date Of Driving Pass .....	16/06/1988
Driving experience .....	34 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91132058
Alt. Phone Number .....	-
Email Address .....	chuaenglim1970@gmail.com
Address .....	315A YISHUN AVE 9 #03-218
Address complement .....	-
Postcode .....	761315
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 to Rear
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) .....	4
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 .....	Female

#### PASSENGER 2

Name .....	NA
Gender .....	Female

#### PASSENGER 3

Name .....	NA
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 POLICE REPORT

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 ..... GBJ8949J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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**

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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.

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**

vJun2022

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Describe Circumstance of the Accident

Refer to police report

T/20230226 17048

Declaration

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


  
 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)



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

Motor Hire Car

MZ408L/B

E SN

AN0695A

Gov. 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.	DMHCSNA00005152201	Engine No.: 1N2R806976 Chassis No.: NHP1707180770
1. Index Mark and Registration Number of Vehicle	SMQ6049C	AUTOSAFE *****
2. Name of Policy Holder	SUPERTEC LIMOUSINE PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/09/2022 (00:00:00)	Excess Sect. I. Excess Sect. I (Outside Singapore) Excess Sect. II Excess Sect. II (Outside Singapore). EX ON WINDSCREEN.
4. Date of Expiry of Insurance	20/03/2023	
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.		
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.: TAI THONG LEE TDC (PTE) LTD * Limitations rendered inoperative by Section 5 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: Chai Hui Lin Lynn  
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













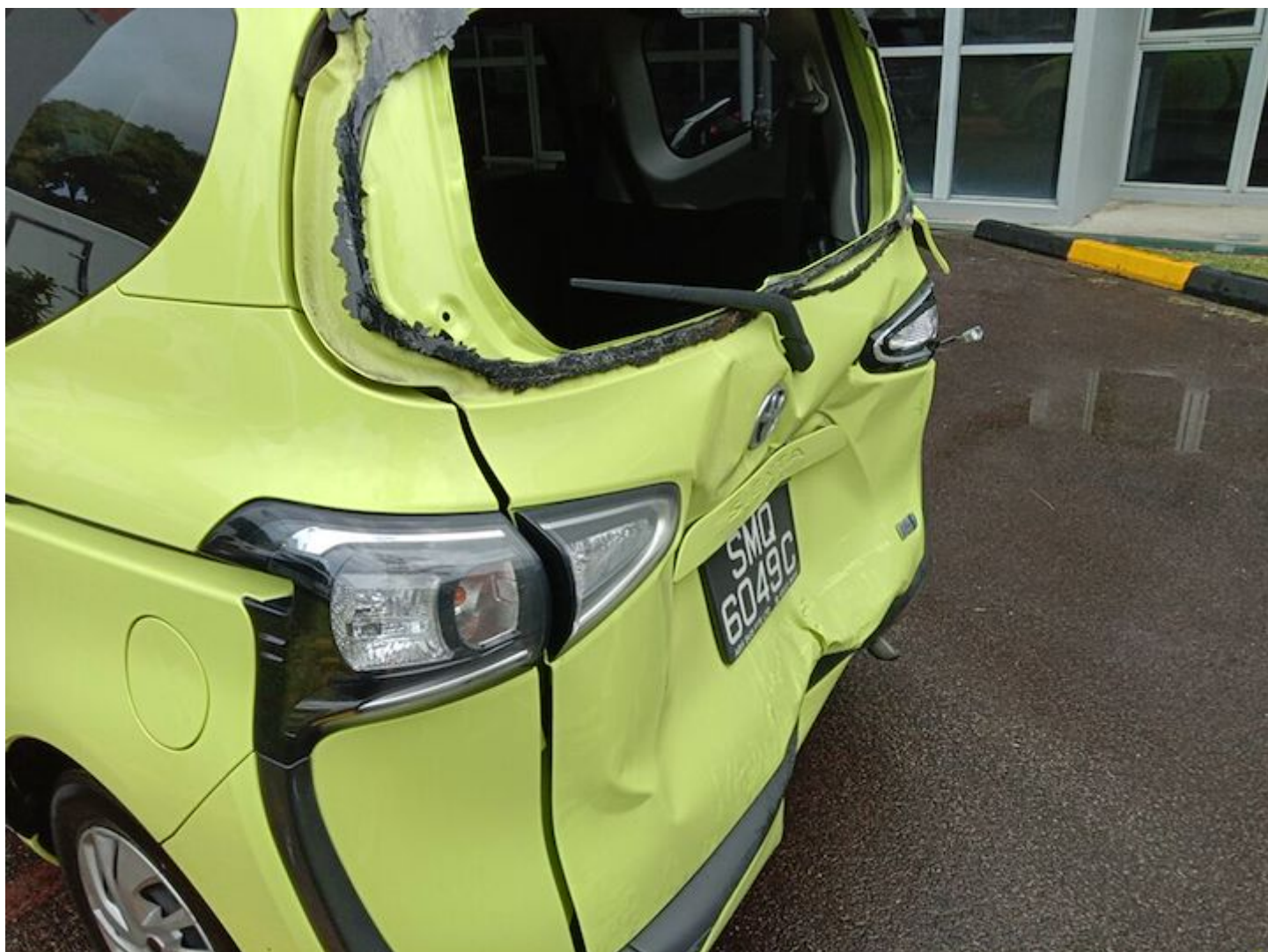


















**SINGAPORE  
POLICE FORCE**



T/20230226/7048

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

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Report No. T/20230226/7048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/02/2023 20:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA ENG LIM			Address: 315A YISHUN AVENUE 9 #03-218 SINGAPORE 761315		
ID Type / ID No.: NRIC NO / S7002837I			Contact No.: Home/Office:                      Mobile: 91132058		
Nationality: SINGAPORE CITIZEN			Email: chuaenglim1970@gmail.com		
Sex: Male	Age: 53	Date of Birth: 21/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Phv driver			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: 25/02/2023 21:30	Type of Location:
Location:  BUKIT PANJANG RING ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMQ6049C	Car					3

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230226/7048

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

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Report No. T/20230226/7048

**CONTINUATION OF REPORT**

Driver			
Name	CHUA ENG LIM	ID No.	S7002837I
Related Vehicle	SMQ6049C (Car)	Contact No.	91132058
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying 3 passengers (2 female and 1 male child) on board vehicle SMQ6049C.

I was travelling straight on the stated venue.

As there was a built up of traffic in front as the traffic light was red, I gradually came to a stop.

Suddenly vehicle GBJ8949J came from behind and hit on my vehicle's rear portion.

The impact was great and causes me to be lunged forward only to be restrained by my seatbelt.

TP and ambulance came to the scene.

After a while i start to feel pain on my neck, shoulders, back and chest areas.

The next day the pain on my body worsen and I proceeded to unihealth 24hr clinic yishun to seek treatment and I was given 3 days MC.



**SINGAPORE  
POLICE FORCE**

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



T/20230226/7048

3 of 3

Report No. T/20230226/7048

**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 / TP1B /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476904

NP168

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

Date/Time:  
26/02/2023 20:30

Classification Of Case:

