

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	07/03/2023 15:15 (SGT)
Reported by	Driver
Date of Accident	02/03/2023 10:00 (SGT)
Exact Location of Accident	156 Yung Loh Rd, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP821U
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ENG HUAT 1200 AUTO LEASING PTE. LTD.
Company Reg No	2XXXXX165N
Email Address	cklim652@yahoo.com
Mobile Phone No	(Phone) +65-85119522
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017452200

DRIVER

Name of Driver	CHUA JUN HAO, AARON
NRIC No	SXXXX249F
Date Of Birth	12/08/1995
Occupation	Outdoor

Date Of Driving Pass	24/05/2017
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85119522
Alt. Phone Number	-
Email Address	cklim652@yahoo.com
Address	BLK 156 YUNG LOH ROAD #12-20
Address complement	-
Postcode	610156
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20230302/7040 AND WITNESS POLICE REPORT J/20230302/7041

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	GBK3417E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour Gray
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) -

WITNESS DETAILS

WITNESS 1

Name LIM JYH MING
Phone (Phone) +65-98592547
Email ljming80@yahoo.com

SKETCH PLAN

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 Authorised 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. The 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.

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.



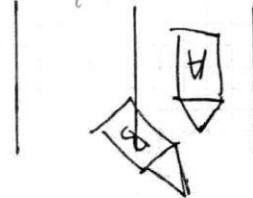
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

156 Yung Lo Road Carpark



A: SJP 8210

B: GBK 3417E

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT : J/20230302/7040


Q WITNESS POLICE REPORT J/20230302/7041


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel
07/03/2023



1 of 2

POLICE REPORT (NP299)

Report No. J/20230302/7040

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 02/03/2023 15:06	Vide Report No.		Station Diary No.	
Name Of Informant CHUA JUN HAO AARON	Address 156 YUNG LOH ROAD #12-20 SINGAPORE 610156			
ID Type / ID No. NRIC NO / S9529249F	Contact No. Home/Office:		Mobile: 85119522	
Nationality SINGAPORE CITIZEN	Email Address AARONJHCHUA@GMAIL.COM			
Occupation Other administrative clerks	Sex Male	Age 27	Date of Birth 12/08/1995	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/03/2023 09:30 - 02/03/2023 10:00	Location Of Incident 156 YUNG LOH ROAD #12-20 SINGAPORE 610156			

Brief details.

At 2pm when i got to my car. I saw my car was damaged . I found a witness note On my windscreen written

'GBK3417E GREY COLOUR VAN

Young Guy ,Chinese Short Hair

I witness the Van stop in front After the hitting sound , Contact me If you need my statement for police report '

My car is Hyundai avante SJP821U

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2023 15:06
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230302/7041

1 of 2

POLICE REPORT (NP299)

Report No. J/20230302/7041

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 02/03/2023 15:11	Vide Report No.	Station Diary No.
Name Of Informant LIM JYH MING	Address 113 TAO CHING ROAD #04-05 SINGAPORE 610113	
ID Type / ID No. NRIC NO / S8084043H	Contact No. Home/Office: Mobile: 98592547	
Nationality MALAYSIAN	Email Address ljming80@yahoo.com	
Occupation Sales manager	Sex Male	Age 42
Institution/School Name	Date of Birth 29/09/1980	Race Chinese
Date/Time Of Incident 02/03/2023 09:30 - 02/03/2023 10:00	Location Of Incident 156 YUNG LOH ROAD SINGAPORE 610156	

Brief details.

This morning 2nd March 2023 about 9:30 a.m. to 10 a.m.

I saw a silver/gray van GBK3417E hitting SJP821U. Driver is a Young Chinese Short Hair Male.

SJP821U Silver Hyundai Avante parked at lot 100 below the Block 156 Yung Loh Road S610156.

I was standing below the block 154 bicycle parking area facing the incident direction. I witnessed the van stop in front for a while after hearing the hitting and dragging sound. The van driver drove away towards the exit near corporation road.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2023 15:11
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230302/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230302/7041

I left a note on the windscreen of the Hyundai Avante SJP821U for contact me to be witness.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Age	25-35
Race	Chinese	Hair Style	Short-Straight

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2023 15:11
Officer In-Charge Of Case:	Classification Of Case:

Date of Accident: 02.03.2023 Accident Time: 0930HRS-1000HRS
Accident Place: 156 YUNG LOH ROAD CARPARK
Vehicle No.: SJP 821U Make/Model: HYUNDAI AVANTE
Insurance Company: CHINA TAIPING Policy No: DMHCSNW00017452200
Owner or Company Name/IC No.: ENG HUAT 1200 AUTO LEASING PTE. LTD./ 202202165N
Owner or Company Contact No.: _____ Owner's HP: 85119522 Company Tel _____
DRIVER'S Name/IC No.: CHUA JUN HAO, AARON / S9529249F
DRIVER'S Date of Birth: 12.08.1995 Driver's License Pass Date 24.05.2017
Relationship of Owner & Driver: Spouse \Parents \Children \Siblings \Employee \Others: HIRER
DRIVER'S Address: 156 YUNG LOH ROAD #12-20 SINGAPORE 610156
DRIVER'S Contact No/Alt No.: 1) 85119522 2) _____
DRIVER'S Occupation: INDOOR \OUTDOOR (e.g working inside or outside office)
Email Address: CKLIM652@YAHOO.COM
Weather & Road Surface: CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
Reporting Type: Reporting Only \Claim Other Party \Claim Own Insurance
Number of Passengers(Including Driver): HIT & RUN BETWEEN PARKED VEHICLE
Was there any video captured by car camera: YES \NO
Exact purpose for which vehicle was being used at the time of accident: Private use \Work purpose
Any Injury (If YES, please state): NO

Other Party Driver's Particular (If any)

Vehicle No.: <u>GBK 3417E</u>	Vehicle No.: _____
Vehicle Make/Model _____	Vehicle Make/Model _____
Name Driver: _____	Name Driver: _____
IC No. Driver Contact _____	IC No. Driver Contact _____

- Passenger's Name & Gender:
WITNESS DETAILS : LIM JYH MING
HP : 98592547



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

MZ406L/B

N SN

AN0770A

Cov. Type:T

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.	DMHCSNW00017452200	Engine No.: G4FC9U617201	Cha. No.:KMHDU41BR9U710720
1. Index Mark and Registration Number of Vehicle	SJP821U		
2. Name of Policy Holder	ENG HUAT 1200 AUTO LEASING PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/09/2022 (14:56:08)	Excess Sect. II	SS\$2,000.00
		Excess Sect.II (Outside Singapore).	SS\$4,000.00
4. Date of Expiry of Insurance	11/03/2024		
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.		

* 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: ASSURE (SINGAPORE) PTE LTD
Authorised Officer

张忠义
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