



## 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	31/03/2023 16:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 12:40 (SGT)
Exact Location of Accident	145 Jalan Bukit Merah, Block 145, Singapore 160145
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN99L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BING HONG RICHARD
NRIC No	SXXXX092D
Email Address	richard802906@hotmail.com
Mobile Phone No	(Phone) +65-97400099
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayenne
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2995

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00178282202

### DRIVER

Name of Driver	TAN BING HONG RICHARD
NRIC No	SXXXX092D
Date Of Birth	11/04/1974
Occupation	Indoor

Date Of Driving Pass .....	06/10/1993
Driving experience .....	29 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97400099
Alt. Phone Number .....	-
Email Address .....	richard802906@hotmail.com
Address .....	487B CHOA CHU KANG AVENUE 5 #03-93
Address complement .....	-
Postcode .....	082487
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 .....	Side Swipe
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) .....	1
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SNJ290K
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) ..... -

## SKETCH PLAN

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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.

### 5. 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 be 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 insurers 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

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

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

Sketch Plan

BIK 147 JALAN BUKIT MERAH OPEN CARPARK

(A) SKN99L

(B) SNJ290K

Slow  
down  
hump

6

Email: [singidac.com.sg](mailto:singidac.com.sg) Tel no: 6285 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 31/03/2023 (dd/mm/yy) Time of Accident: 12:40 (24 HR. FORMAT)

Vehicle No.: SKN99L Vehicle Make & Model: Porsche Private Hire (Y/N):

Exact location of Accident: 145 JALAN BUKIT MERAH OPEN CARPARK

Policyholder's Name / IC No.: TAN BING HONG RICHARD (ROCMEN Company)

Driver's Name / IC No.: S7411092D (As Above) ☒

Driver's Contact No.: 9740 0099 Company Contact No./ Owner Contact No.:

Driver's Address: 487B CHOA CHU KING AVENUE 5 #03-92 SINGAPORE 081487

Owner Email address: RICHARD302906@HOTMAIL.COM Insurance Company: CHINA THIPING

Driver Email address: 11/04/1974 06/10/1993

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (the one you want to claim against) / ☐ Reporting (for Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (including Driver): 1

Passenger Name: Gender: Male / Female ( )

Passenger Name: Gender: Male / Female ( )

Weather condition & Road conditions: (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☐ Yes / ☒ No (If YES Injured Person Name)

Injuries Sustained: Injured Person at Which Vehicle:

Police Report filed: ☐ Yes / ☒ No (If YES Which Police Station)

### The Other Party(s) Details:

1. Driver's Name / IC No.: Vehicle No.: SNJ290K

Driver's Contact No.: Insurance Company:

2. Driver's Name / IC No. (If Any): Vehicle No.:

Driver's Contact No.: Insurance Company:

Independent Witness (If Any): Contact No.:

Insurance Workshop Name: Contact No.:



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 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.

DMPCSNW00178282202

Engine No.: DCB204406

Cha. No. WP1ZZZGYZLDA61943

1. Index Mark and Registration  
Number of Vehicle

SKN99L

2. Name of Policy Holder

TAN BING HONG RICHARD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

14/08/2022  
(00:00:00)

Named Drivers Ex Sect. I

S\$2,500.00

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\$350.00

4. Date of Expiry of Insurance

13/08/2023

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.: SWEE SENG CREDIT PTE LTD 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

张世义

Authorised Signatory

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

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