

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	06/04/2023 15:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/04/2023 17:45 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9889L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG HONG SENG
NRIC No	SXXXX397B
Email Address	hwapengauto@singnet.com.sg
Mobile Phone No	(Phone) +65-96666163
Alternative Phone No	+65-63689386

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00198642200

DRIVER

Name of Driver	NG HONG SENG
NRIC No	SXXXX397B
Date Of Birth	20/09/1952
Occupation	Indoor

Date Of Driving Pass	22/11/1977
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96666163
Alt. Phone Number	+65-63689386
Email Address	hwapengauto@singnet.com.sg
Address	BLK 330 WOODLANDS AVENUE 1 #12-433
Address complement	-
Postcode	730330
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	Collision - Major/Minor Rd
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBU3800D
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR KOK

Contact Number	(Phone) +65-94880013
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

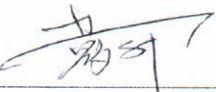
IMPORTANT NOTICE

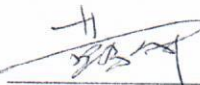
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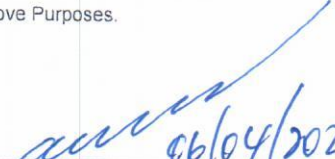
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

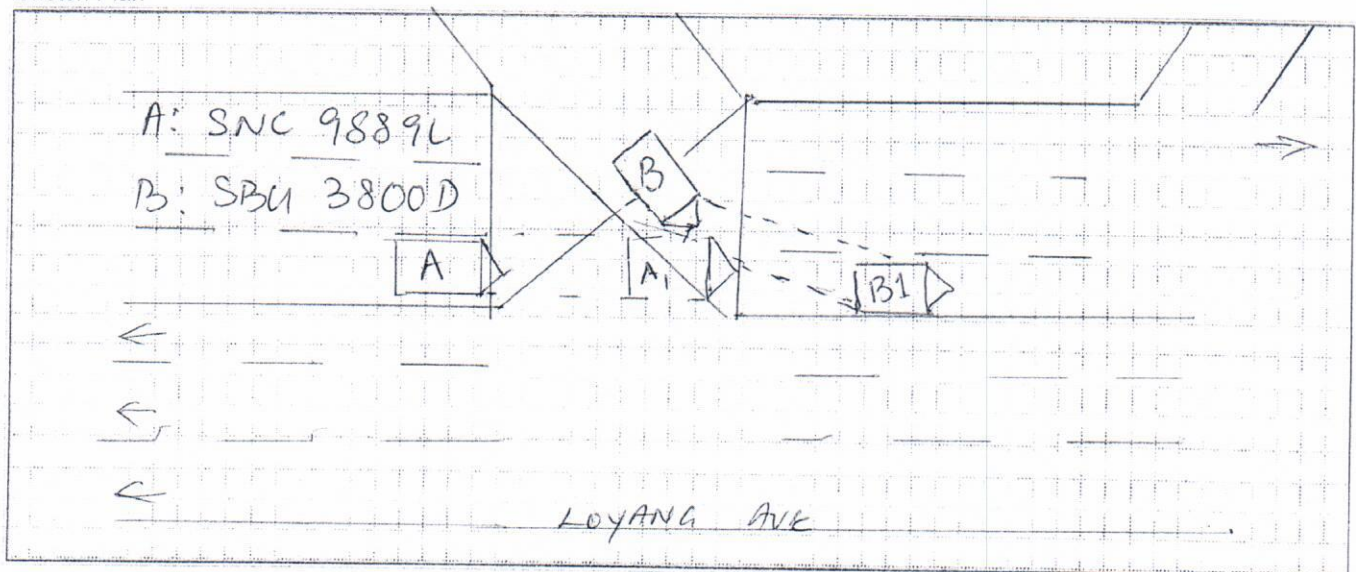
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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


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

Sketch Plan



Describe Circumstance of the Accident

On mentioned date and time I was driving along
 Loyang Ave towards (TPE / TAMPINES) direction. The
 traffic flow was heavy. I stopped my vehicle
 at the traffic junction waiting for "GREEN" light.
 As the light changed "GREEN" to proceeded to move
 from stationary position. At this juncture vehicle 'B'
 suddenly encroached / change lane and collided
 against my vehicle's RH side. Due to heavy traffic
 flow, I asked the vehicle - B driver to move
 forward ahead of my vehicle. We both drivers
 got down from our vehicle to access the situation
 took some photos and left the scene. At the
 time of incident no one injured due to the
 accident.

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

Has the driver been approached by unknown person(s)? Yes ☐ No ☒

Number of Passengers (Including Driver)? 01


Name _____ Gender: _____


Name _____ Gender: _____

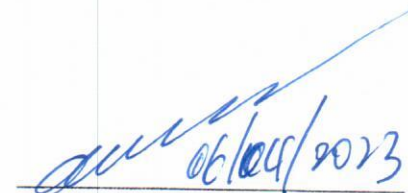
Name _____ Gender: _____

Declaration

I/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
 (Name as in NRIC/ID card)

MOTOR ACCIDENT REPORT FORM

RT

BASIC INFORMATION

Date of Accident: 5/4/2023
 Exact Location of Accident: ALONG LOYANG AVE
 Time: 1745

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SMC 9889L
 Name of Registered Owner: MR NG HONG SENG
 NRIC / Passport No. / FIN: S2501397B
 Co. Reg. No. (for Co. Vehicle Only):

Vehicle Particulars

Manufacturer: BMW M/BENZ
 Model: E300
 Exact purpose of vehicle being used at time of accident: Normal usage ☒ Other ☐ (please state):
 Are you claiming your own insurance policy for repair to your vehicle? Yes ☐ Claiming Against 3rd Party ☒ For Reporting Only ☐
 Vehicle Category: Private Car

Insurance Company

Name of My Insurance Company: CHINA TAI PING INSURANCE (S) PTE LTD
 Type of Coverage: Comprehensive ☒ Third Party ☐

Fleet Policy (Multiple vehicles coverage): Yes ☐ No ☒ Policy / Cover Note Number: DMPCS NW00198642200

Driver

Name of Driver: NG HONG SENG
 NRIC / Passport No. / FIN: S2501397B
 Date of Birth: 20-09-1952
 Occupation: Indoor ☒ Outdoor ☐
 Date of Driving Pass: 22-11-1977
 Gender: Male ☒ Female ☐
 Mobile Phone No.: 96666163 Alternative Phone No.: 63689386
 Address as stated: B1K 330 WOODLANDS AVE I #12-433 (Post Code: 730330)
 Email Address: hwapengauto@singnet.com.sg

Was driver an employee of the insured's Company? Yes ☐ No ☒
 State relationship of the driver with the insured: OWNER

Vehicle Registration Number of Driver's Own Vehicle (if applicable): NA

Insurance Company of Driver's Own Vehicle (if applicable): NA

Other Information on the Accident

Weather Conditions: Clear ☒ Raining ☐ Others ☐ (please state condition):
 Road Surface: Wet ☐ Dry ☒ Others ☐ (please state condition):
 Was any body injured in the accident? No ☒ Yes ☐
 Was any other material or property damaged? No ☐ Yes ☒
 Are accident photos taken for attachment? No ☐ Yes ☒
 Was the accident reported to the Police? No ☒ Yes ☐ If Yes, which Police Station?
 Was notice of intended Prosecution given? No ☒ Yes ☐ If Yes, against whom?

DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: SBU 3800 D
 Vehicle Make / Model / Colour: M/BENZ

Details of Property Damage in Accident (other than 3rd-Party vehicle):

Name of Driver: MR KOK
 NRIC/Passport Number:

Contact Number: 9488 0013

Address:

(Post Code:)

Insurance Company:

Nature of Damage: Front ☐ Rear ☐ Left ☐ Right ☐ No. of Passengers (including Driver):

Details of Witness - Name:

Details of Witness - Contact Number:

Details of Witness - Email Address:

DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name: Approximate Age:

Address:

(Postal Code:)

Injuries Sustained:

Were seat belts worn? Yes ☐ No ☐

Injured person in which vehicle (vehicle reg. no.):

Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

*Delete where not applicable

Motor Private Car

MX1E

N SN

AN0357A

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. DMPCSNW00198642200

Engine No.: 26492080001322

Cha. No.: WDD2130832A657418

1. Index Mark and Registration
Number of Vehicle

SNC9889L

2. Name of Policy Holder

NG HONG SENG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment26/08/2022
(00:00:00)

Named Drivers Ex Sect. I \$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$500.00

* Age as at date of accident

EX ON WINDSCREEN \$100.00

4. Date of Expiry of Insurance

25/08/2023

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\$1,000 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.: DBS BANK 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