







## 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	11/04/2023 16:26 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 07:25 (SGT)
Exact Location of Accident	Orchard Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7840A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMART TRANSPORT PTE LTD
Company Reg No	2XXXXX327W
Email Address	tayky80@gmail.com
Mobile Phone No	(Phone) +65-90295016
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00019192201

#### DRIVER

Name of Driver	TAY KOK YONG
NRIC No	SXXXX232E
Date Of Birth	29/06/1980
Occupation	Outdoor



Date Of Driving Pass .....	05/11/2005
Driving experience .....	17 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90295016
Alt. Phone Number .....	-
Email Address .....	tayky80@gmail.com
Address .....	BLK 230 COMPASSVALE WALK #02-418
Address complement .....	-
Postcode .....	540230
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 .....	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) .....	18
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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Female

#### 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 ..... GZ7923X  
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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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.

### 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.

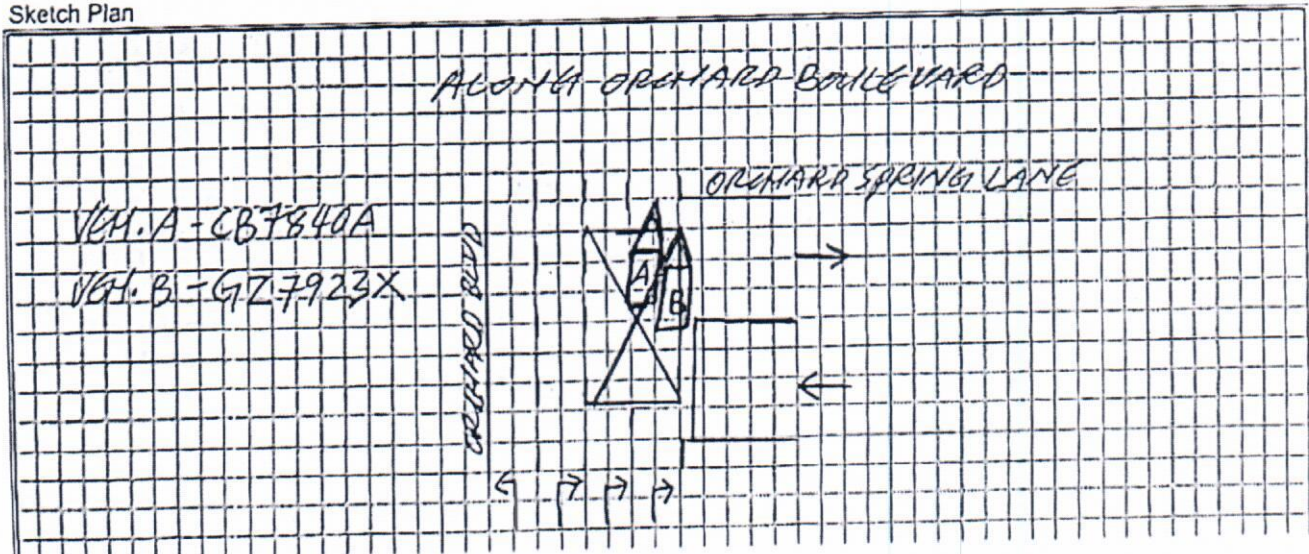


Policyholder's Signature / Date & Time

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

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

### Sketch Plan



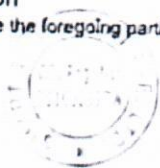


Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I, VEHICLE 'A'  
WAS TRAVELLING ALONG THE STATED VENUE.  
MY VEHICLE WAS HALF WAY THROUGH THE RIGHT  
MOST LANE LANE. SUDDENLY, VEHICLE 'B' SQUEEZE  
PASS THE RIGHT MOST LANE AND COLLIDED ONTO  
THE RIGHT SIDE OF MY VEHICLE.

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

Witnessed by Reporting Centre Personnel

*[Signature]* 11/04/2023

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Date of Accident : 10/04/2023 Accident Time: 0725 (24-HR-FORMAT)  
Accident Place : ALONG ORCHARD BOULEVARD  
Vehicle Reg. No (Car plate No.) : CB7840A CC : Vehicle Make/Model: TOYOTA COASTER  
Insurance Company : CHINA TAIPING Policy No. \_\_\_\_\_  
Name of Registered Owner : Company / Individual SMART TRANSPORT PTE LTD  
ID of Registered Owner : Co Reg No: 201632327W Owner's NRIC No: \_\_\_\_\_  
OWNER EMAIL ADDRESS: TAYKY80@GMAIL.COM Co Contact No: 90295016 Owner's Contact No: 90295016  
DRIVER'S Name : TAY KOK YONG DRIVER'S NRIC No: 58018232E  
DRIVER'S Date of Birth : 29/06/1980 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : BLK 230 COMPASSVALE WALK #02-418 5540230  
DRIVER'S Contact No./ Alt No. : 1) 90295016 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : TAYKY80@GMAIL.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): 18 Name & Gender: 8 - MALE PASSENGERS  
Was the accident reported to the police? YES \ NO  
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 injuries, if yes (name of the injured person) NO

Other Party Driver's Particulars (if any)

Vehicle Reg No: GZ7923X Vehicle Reg No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_ Name DRIVER: \_\_\_\_\_  
IC No. DRIVER: \_\_\_\_\_ IC No. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_ DRIVER'S Contact & add: \_\_\_\_\_

REPORT FORM EXPLAINED IN ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



Motor Bus

### 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)

MZ601

R SN

AN0144A

Cov. Type C

CERTIFICATE No.

DMB1SNW00019192201

Engine No.: N04CUH20538

Cha. No.: JTGEF538306001577

1. Index Mark and Registration  
Number of Vehicle

CB7840A

AUTOSAFE  
=====

2. Name of Policy Holder

SMART TRANSPORT PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

28/12/2022

Excess Sect I . S\$2,000.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

27/12/2023

EX ON WINDSCREEN . S\$300.00

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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. : LIAN HONG PTE 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

Issued By:

LIAN HONG PTE LTD

Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory