

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	25/04/2023 12:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/04/2023 16:05 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	TOWARDS QUEENS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG4482M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOW JONG JOO
NRIC No	SXXXX982E
Email Address	kowjongjoo@gmail.com
Mobile Phone No	(Phone) +65-93737673
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00013762200

DRIVER

Name of Driver	KOW JONG JOO
NRIC No	SXXXX982E
Date Of Birth	27/02/1959
Occupation	Outdoor

Date Of Driving Pass	22/02/1979
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93737673
Alt. Phone Number	-
Email Address	kowjongjoo@gmail.com
Address	BLK 604 ANG MO KIO AVENUE 5 #06-2703
Address complement	-
Postcode	560604
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

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
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV3647T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOW JONG JOO
Gender	Male
Phone No	(Phone) +65-93737673
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNG4482M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

R. J. J.

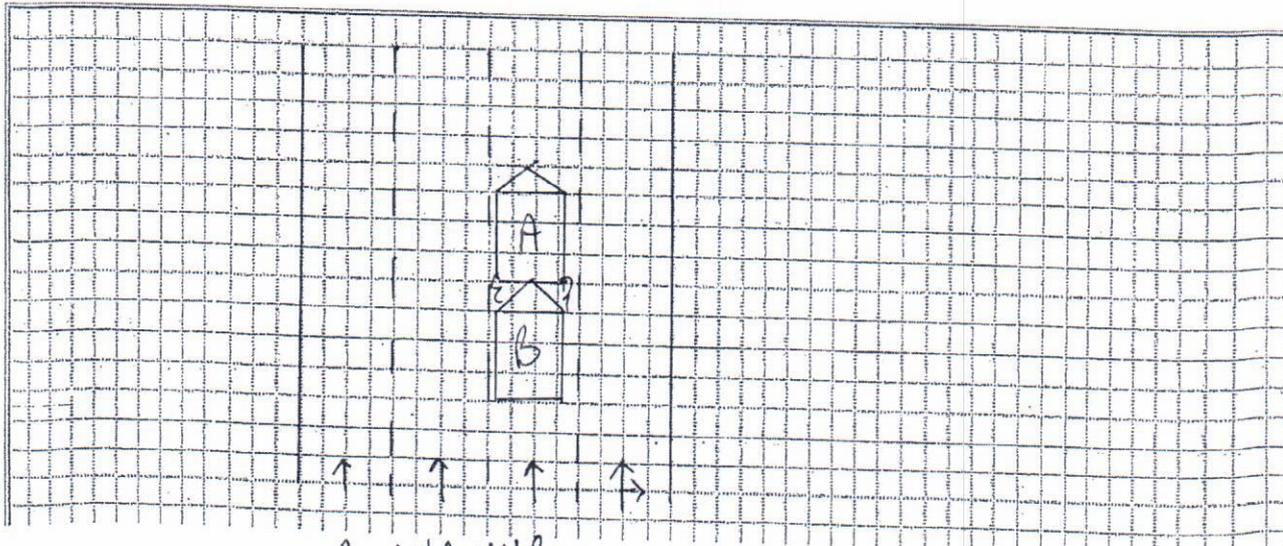
Policyholder's Signature / Date & Time

R. J. J.

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

[Signature]
25/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A: SNA 4482M
B: SLV 3647T

DPH: Rd towards Queen St.

Describe Circumstance of the Accident

On the stated date and time, I was travelling along Ophir Rd towards Queen St. As the traffic light turned red, the vehicle ahead braked and stopped in which I followed suit in a safe manner. Suddenly, I felt a huge impact from the rear of my vehicle. I alighted my vehicle and alighted. I then realised vehicle B had collided into my rear.

Declaration

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

Rajiv

Policyholder's Signature / Date & Time

Rajiv

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

[Signature]
25/04/2023
Witnessed by Reporting Centre Personnel

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Date of Accident : 24/04/2023 Accident Time: 1605 (24-HR-FORMAT)
 Accident Place : Ophir Rd towards Queen St.
 Vehicle Reg. No (Car plate No.) : SNG 4482m CC: 1500
 Insurance Company : China Taiping Vehicle Make/Model: Honda Shuttle
 Name of Registered Owner : Company / Individual Kow Jong Joo Policy No. _____
 ID of Registered Owner : _____ Owner's NRIC No: S1396982E
 OWNER EMAIL ADDRESS: kowjongjoo@gmail.com Co Contact No: _____ Owner's Contact No: 93737673
 DRIVER'S Name : Kow Jong Joo DRIVER'S NRIC No: S1396982E
 DRIVER'S Date of Birth : 27/02/1959 DRIVER'S License Pass Date 22/02/1979
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Self
 DRIVER'S Address : 604, Ang Mo Kio Ave 5, #06-2703, S(560604)
 DRIVER'S Contact No./ Alt No. : 1) 93737673 2) _____
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : kowjongjoo@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): 4 Name & Gender: unknown / male
 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) Kow Jong Joo

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKV 3647T</u>	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 Hire Car

MZ406L/B

N SN

AN0717A

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. DMHCSNW00013762200

Engine No.: L15B6052655

Cha. No.:GK82202152

1. Index Mark and Registration Number of Vehicle SNG4482M

AUTOSAFE
=====

2. Name of Policy Holder KOW JONG JOO

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04/08/2022 (11:06:38)

Excess Sect I .	SS\$1,250.00
Excess Sect. I (Outside Singapore)	SS\$2,500.00
Excess Sect. II	SS\$1,250.00
Excess Sect.II (Outside Singapore).	SS\$2,500.00
EX ON WINDSCREEN .	SS\$100.00

4. Date of Expiry of Insurance 03/08/2023

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.

KOW JONG JOO

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. : GOLDBELL FINANCIAL SERVICES 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: JIN LI PTE LTD
Authorised Officer

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

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6222 1033

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