

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	03/05/2023 17:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/05/2023 17:40 (SGT)
Exact Location of Accident	Johor Causeway, Johor Causeway, Singapore
Additional Location Information	TO WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8032S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUAH CHOON SIN
NRIC No	S7101253J
Email Address	WILLIAMLUAH@GMAIL.COM
Mobile Phone No	(Phone) +65-94787404
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00014102200

DRIVER

Name of Driver	LUAH CHOON SIN
NRIC No	S7101253J
Date Of Birth	03/01/1971
Occupation	Indoor

Date Of Driving Pass	23/09/1995
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94787404
Alt. Phone Number	-
Email Address	WILLIAMLUAH@GMAIL.COM
Address	638A SENJA CLOSE #26-05
Address complement	-
Postcode	671638
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	LU SONG XUE
Gender	Female

PASSENGER 2

Name	LUAH ZHUO YANG
Gender	Male

PASSENGER 3

Name	LUAH JIA YING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO: T/20230502/7014

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 SMJ1315D
 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 LUAH CHOON SIN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLW8032S
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN


IMPORTANT NOTICE

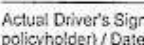
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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:

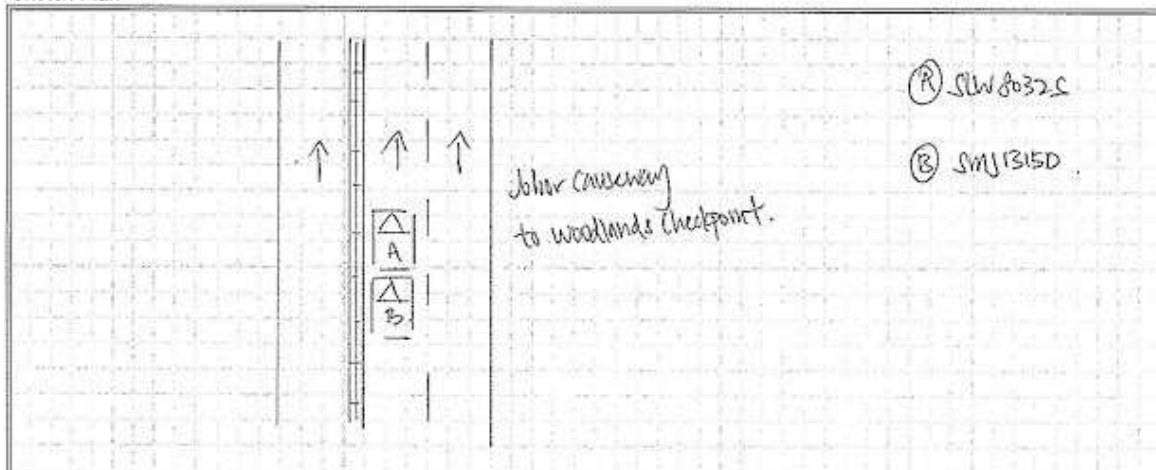
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

As per Police report No: 7/2023/0502/7014.

☐ Claim own policy
☐ Claim third party
☒ Claim OD ASP at other workshop
☐ For record purpose

Policy No. DAWHCSNW0000402200
Insurer China Veh. No. NW8332C

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

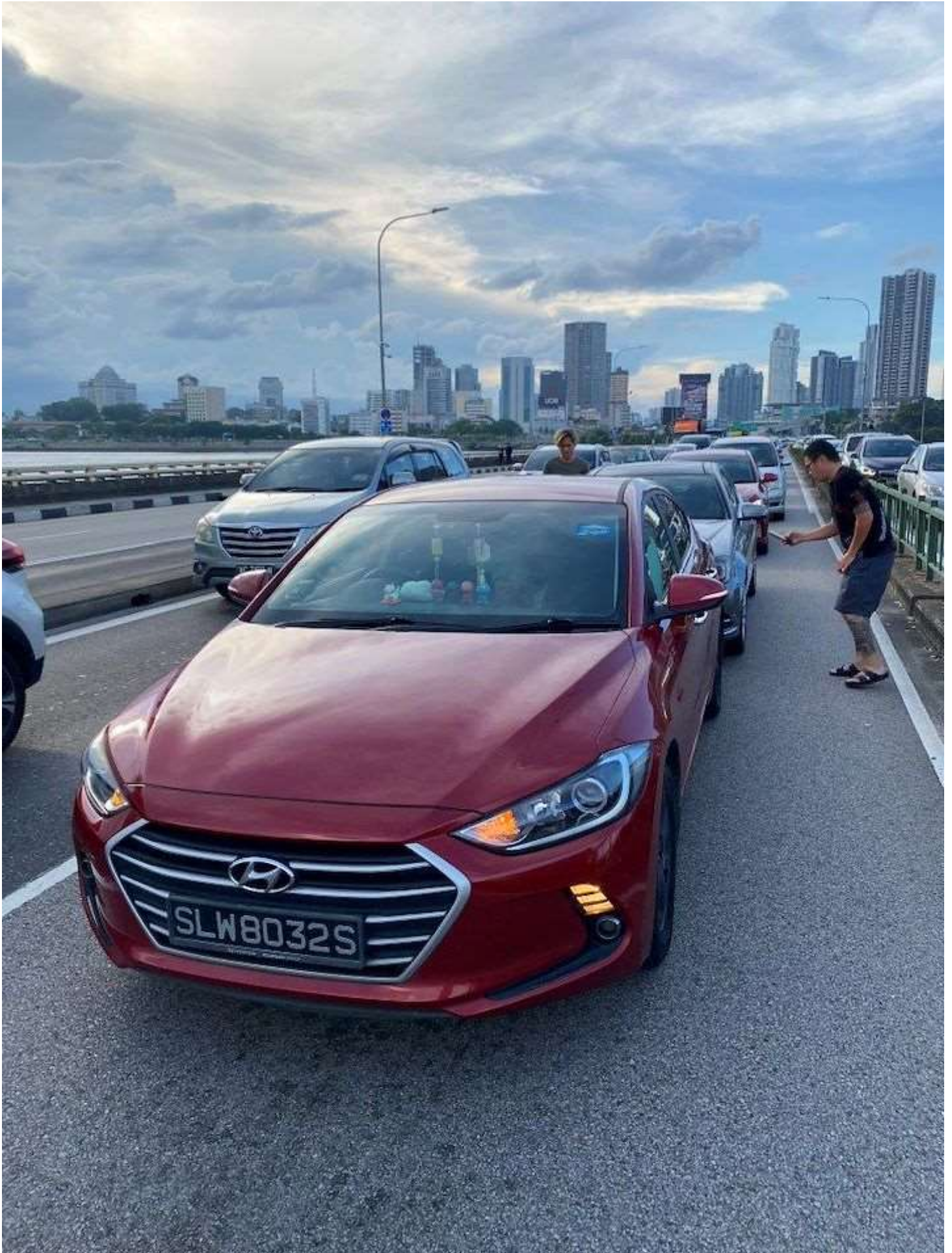
Declaration

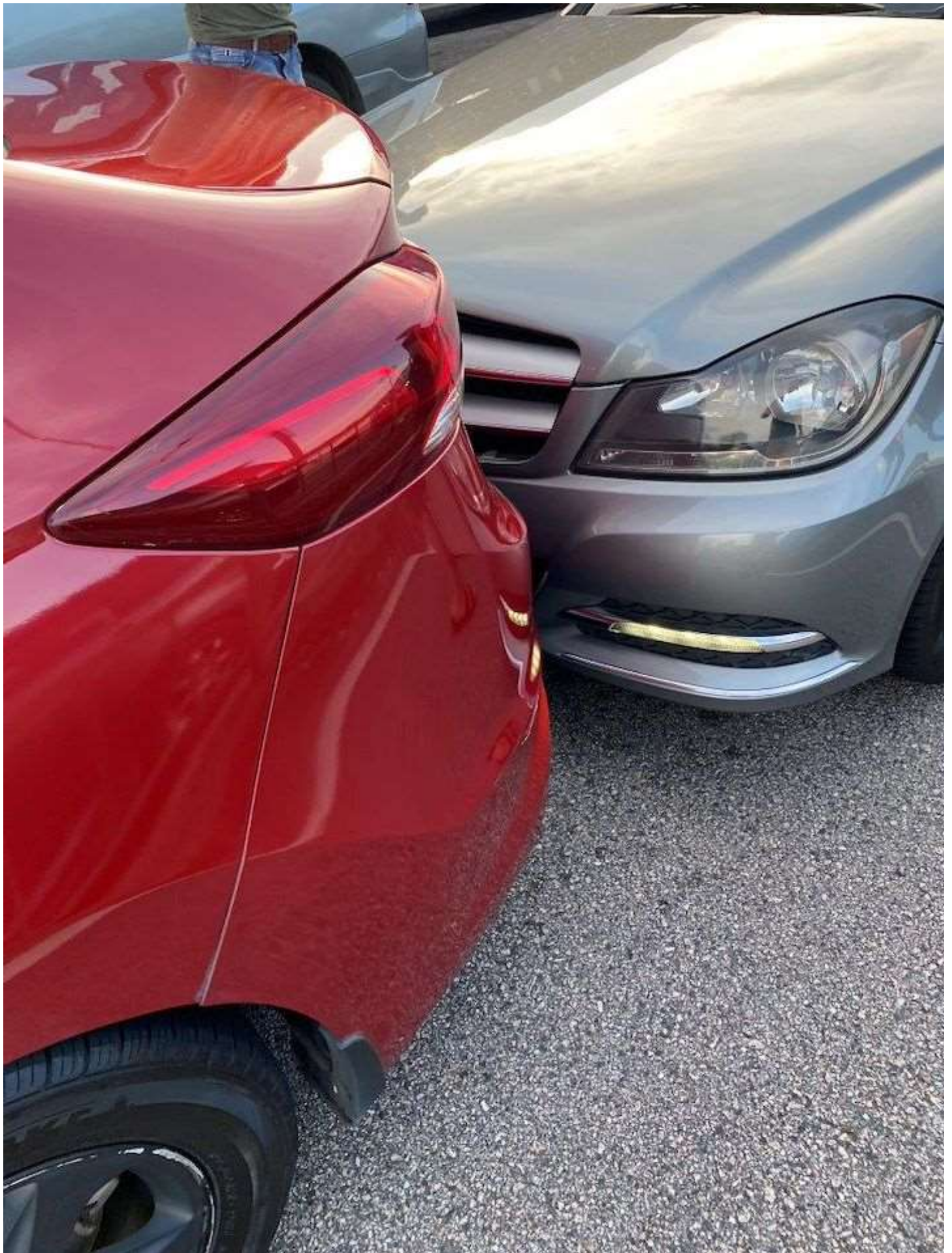
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

SNG AM TEE MOTOR & PANEL SVC PTE LTD

























中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406LB

N :SN

AN0014A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 136)
Motor Vehicles (Third Party Risks and Compensation) Rules 1990
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules 1989 (Malaysia)

CERTIFICATE No.	DMHCSNW00014102290	Engine No.	G4FQJU137834
		Chassis No.	KMHDB41DMJ031911
1. Make, Make and Registration Number of Vehicle	SLW80125	AUTOSAFE	*****
2. Name of Policy Holder	LUAH CHOON SIN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/03/2022 (00:00:00)	Excess Sect I	\$51,250.00
		Excess Sect. I (Outside Singapore)	\$52,500.00
		Excess Sect. II	\$51,250.00
4. Date of Expiry of Insurance	01/03/2023	Excess Sect II (Outside Singapore)	\$52,500.00
		EX ON WINDSCREEN	\$5100.00
5. Persons or Classes of Persons entitled to drive* As per Named Drivers 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. LUAH CHOON SIN			
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. : TOKYO CENTURY LEASING (S) PTE LTD * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 136) 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 136) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse:

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By **ASOKA INVESTMENT PTE LTD**
Authorized Officer

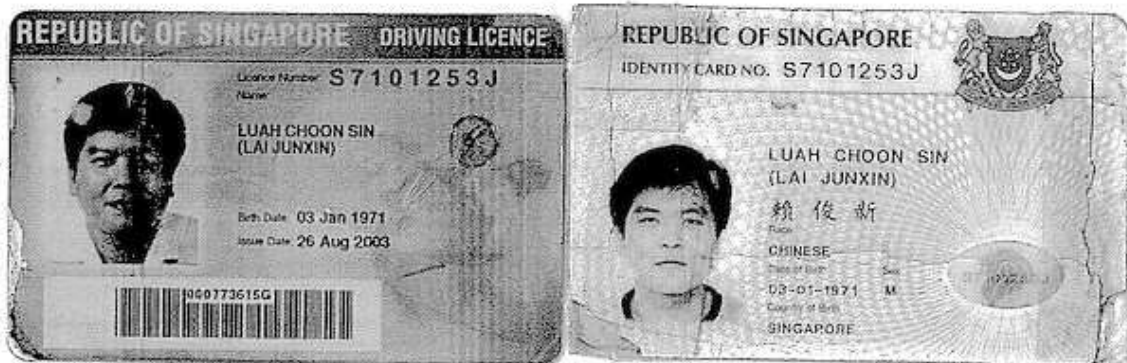
Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200708384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

S 6389 6111

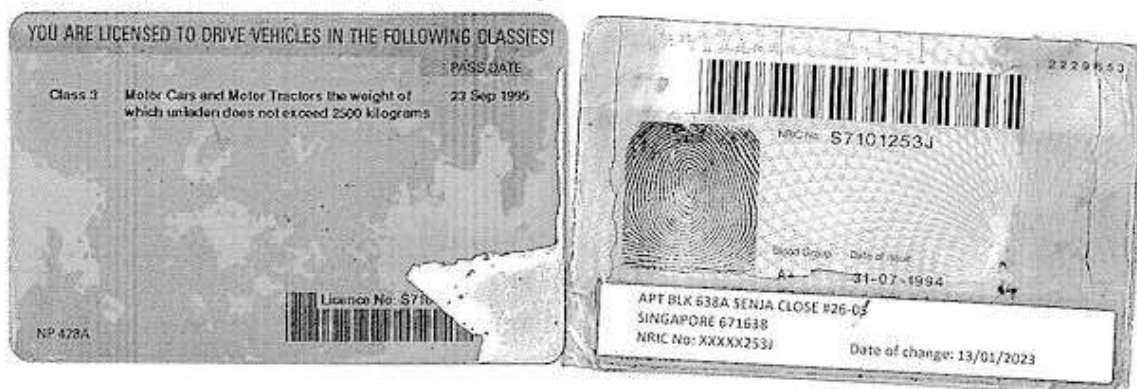
6222 1023

www.sg.taiping.com



I consent to provide copy of my
Identification Card & Driving Licence
for insurance reporting and related
claim purposes.

Signature of Driver









**SINGAPORE
POLICE FORCE**



T/20230502/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No, T/20230502/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2023 11:32		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LUAH CHOON SIN		Address: 638A SENJA CLOSE #26-05 SINGAPORE 671638	
ID Type / ID No.: NRIC NO / S7101253J		Contact No.: Home/Office: Mobile: 94787404	
Nationality: SINGAPORE CITIZEN		Email: WILLIAMLUAH@HOTMAIL.COM	
Sex: Male	Age: 52	Date of Birth: 03/01/1971	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Other related instructors and associate professionals		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2023 17:40	Type of Location: Bridge
Location: Johore to Singapore Causeway				
Lamp Post Number: 14F				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW8032S	Car	HYUNDAI	Elantra	Red	Slightly Damaged	3
SMJ1315D	Car	MERCEDES BENZ		Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230502/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20230502/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW8032S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00014102200	01/09/2022	01/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUAH CHOON SIN	ID No.	S7101253J
Related Vehicle	SLW8032S (Car)	Contact No.	94787404
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/05/2023	Date	01/05/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LU SONGXUE	ID No.	NIL
Related Vehicle	SLW8032S (Car)	Contact No.	98897404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	LUAH ZHUO YANG	ID No.	NIL
Related Vehicle	SLW8032S (Car)	Contact No.	98897404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230502/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4
Report No. T/20230502/7014

CONTINUATION OF REPORT

Passenger			
Name	LUAH JIA YING		ID No. NIL
Related Vehicle	SLW8032S (Car)		Contact No. 98897404
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SMJ1315D (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

I was driving slowly towards Singapore Custom from Johore and suddenly I felt my car was hit by the car behind. I stopped my car and checked my car bonnet was damaged. Same day, I went to clinic for medical treatment on my knee and neck injured. I was given 3 days medical leave. That's all



**SINGAPORE
POLICE FORCE**



T/20230502/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20230502/7014

CONTINUATION OF REPORT

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:
02/05/2023 11:32

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

This report is lodged at Bukit Batok NPP Kiosk 1
NP168