

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	24/05/2023 18:00 (SGT)
Reported by	Actual Driver
Date of Accident	23/05/2023 13:25 (SGT)
Exact Location of Accident	Sumang Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG4651D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	INK CREATIVE PTE LTD
Company Reg No	2XXXXX465G
Email Address	ericteng@hotmail.com
Mobile Phone No	(Phone) +65-89456700
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Commercial vehicle
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00009552201

DRIVER

Name of Driver	TENG JIE RU, ERIC
NRIC No	SXXXX652G
Date Of Birth	29/04/1988
Occupation	Indoor

Date Of Driving Pass	07/10/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89456700
Alt. Phone Number	-
Email Address	ericteng@hotmail.com
Address	17 TECK WHYE LANE #07-155
Address complement	-
Postcode	680017
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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	XD2262S
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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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.

INK CREATIVE

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

<p>Vehicle A: SMG4651D</p> <p>Vehicle B: XD2262S</p>	<p>(BLK 227B Sumang Lane)</p>	
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Describe Circumstance of the Accident

I was stationary behind vehicle 'B', when he reversed into my vehicle's front portion. Upon impact, the said vehicle didn't stop and continued reversing that it fitted my vehicle.

Declaration

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

INV. CREATIVE

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)



SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

23/05/2023

Time of Accident:

1:25 (AM / PM)

Location of Accident:

Sumang Lane

Country/State of Loss:

SG

Type of Accident:

Reversed onto stationary vehicle

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

Was notice of Prosecution given?

Yes / No

If yes, against whom?

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SMG 4651D

Vehicle Category: Commercial

Vehicle Manufacturer: Toyota Vehicle Model: Prins

Transmission: Manual / Auto Cc: _____

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

Private Car / Private Use / Employment

No. of passengers (including driver) 01.

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: China Taiping

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No INK CLAIMS RM NO

Registered Owner Name: Steer LLP

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 20108465G T5261583J

Email: _____

Mobile No: _____

Alt. No Type: Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: Teng Jie RU, ERIC

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S88136526

Date of Birth: 29/04/1988

Driving Pass Date: 07/10/2008

Mobile No: 8945 6700

Email: eric.teng@hotmail.com

Address 1: 17 Teck Whye Lane

Address 2: #07-155 Postal Code: 680017

Occupation: Indoor / Outdoor

Driver Owner Relationship Hirer

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: XD 2262S

(ii) Vehicle Category: Commercial

(iii) No. of passengers (including driver) 01 male

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____

(ii) Gender: _____ Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



Motor Hire Car

MZ407

R SN

AN0656A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00009552201

Engine No.: ZZR6886814

Cha. No. ZVW506052111

1. Index Mark and Registration
Number of Vehicle

SMG4651D

AUTOSAFE

2. Name of Policy Holder

INK CREATIVE PTE LTD

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

20/06/2022
(00:00:00)

4. Date of Expiry of Insurance

19/06/2023

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder's order or with their 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*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes.

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.: MOTOR CREDIT 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.

Issued By

TAN LAY YONG

Authorised Officer

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0823500003 Vehicle Registration No: SMG4651D

Name (as shown in NRIC): Ink Creative Pte Ltd NRIC/FIN/Passport No: 201108465G

(~~Vehicle Driver~~/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 23/05/2023 Time of Accident: 13:25hr

Place of Accident: Sumang Lane

Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend Policy Holder details to Ink Creative Pte Ltd, UEN: 201108465G, and driver's
relationship to Part-Time Employee.

INK CREATIVE

Policyholder / Actual Driver's Signature
Date:

23/05/2023

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: