





## 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              | 31/05/2023 16:24 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 30/05/2023 08:30 (SGT)              |
| Exact Location of Accident      | Bukit Batok Cres, Singapore         |
| Additional Location Information | -                                   |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SNJ3339K             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | TAN LAY GEK          |
| NRIC No                     | SXXXX535G            |
| Email Address               | estrpt66@gmail.com   |
| Mobile Phone No             | (Phone) +65-97253339 |
| Alternative Phone No        | -                    |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | C180                      |
| 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   | 1595                      |

### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00222892200                            |

### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | TAN LAY GEK |
| NRIC No        | SXXXX535G   |
| Date Of Birth  | 17/05/1965  |
| Occupation     | Indoor      |

|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass   | 12/10/1983                            |
| Driving experience   | 39 YEARS AND 7 MONTHS                 |
| Gender   | Male                                  |
| Mobile Number  | (Phone) +65-97253339                  |
| Alt. Phone Number  | -                                     |
| Email Address  | estrpt66@gmail.com                    |
| Address  | BLK 288D BUKIT BATOK STREET 25 #02-42 |
| Address complement   | -                                     |
| Postcode   | 653288                                |
| 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   | 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)   | 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 | GBH4020A           |
| 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) ..... -



### IMPORTANT NOTICE

### 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

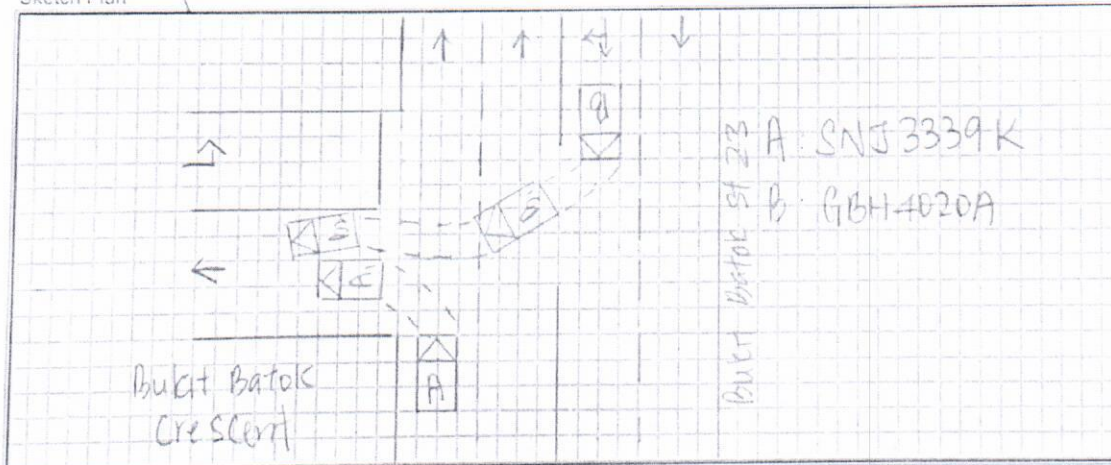
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 30/05/23, at about 08:30am, I was turning left from Bukit Batok Street 23 onto Bukit Batok Crescent. Out of a sudden, vehicle B tried to overtake me from my right and collided onto the right portion of my vehicle. Vehicle B was from the opposite road and made a right turn into Bukit Batok Crescent.

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)

31/05/2023

Wanny

SINGAPORE ACCIDENT STATEMENT

|   |                          |                      |
|---|--------------------------|----------------------|
| Accident Date: 30/05/23   | Time: 08:30              | (hh:mm) 24 hr format |
| Location Bukit Batok Crescent   |                          |                      |
| Vehicle Number SNJ 3339K  |                          |                      |
| Insured Name TAN LAY GEK  |                          |                      |
| NRIC / FIN S1718535G  | Contact Number 9725 3339 |                      |
| Make  | Model                    |                      |
| Are you claiming under your own insurance policy for repair to your vehicle?  |                          |                      |
| ( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting                            |                          |                      |
| Insurance Company CHINA TAIPING   |                          |                      |
| Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |                          |                      |
| Policy Number DMPCSNW 00222892200   |                          |                      |
| Name of Driver ( <input checked="" type="checkbox"/> ) Same as Insured  |                          |                      |
| NRIC / FIN  | Contact Number 9725 3339 |                      |
| Date of Birth 17/05/1965  |                          |                      |
| Driving Pass Date 12/10/1983  |                          |                      |
| Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor   |                          |                      |
| Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female  |                          |                      |
| Email Address estrpt66@gmail.com  | ( ) NO EMAIL             |                      |
| Address of Driver 288D Bukit Batok St 25 #02-42 S(653288)   |                          |                      |
| DRIVER ONLY   |                          |                      |
| Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No                     |                          |                      |
| If No, Relationship of the Driver with the Insured  |                          |                      |
| ( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling               |                          |                      |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No                               |                          |                      |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle   |                          |                      |
| Insurance Company of Driver's Own Vehicle   |                          |                      |
| Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others                                 |                          |                      |
| Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others   |                          |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                   |                          |                      |
| Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                                 |                          |                      |
| If yes, injured detail  |                          |                      |
| Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No                          |                          |                      |
| Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report |                          |                      |
| DETAILS OF 3 <sup>rd</sup> party Name Nric Contact  |                          |                      |
| Veh B Q6H 4520A   |                          |                      |
| Veh C   |                          |                      |
| Veh D   |                          |                      |
| Veh E   |                          |                      |
| Veh F   |                          |                      |





中国太平  
CHINA TAIPING

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

Motor Private Car

### 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)

MX1E

E SN

AN0764A

Cov. Type:C

CERTIFICATE No.

DMPCSNW0022892200

Engine No.: 27491030615945

Cha. No.: WDD2050402R172568

1. Index Mark and Registration  
Number of Vehicle

SNJ3339K

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

TAN LAY GEK

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

26/10/2022

Named Drivers Ex Sect. I

\$500.00

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

11/11/2023

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.: KENSO LEASING 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: KENSO LEASING PTE LTD

Authorised Officer

Authorised Signatory

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

6389 6111

6222 1033

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