



## 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	05/06/2023 14:50 (SGT)
Reported by	Actual Driver
Date of Accident	01/06/2023 05:50 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1739K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HAPPINESS SUNBO CATERING
Company Reg No	5XXXX100X
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-91064512
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00062482204

### DRIVER

Name of Driver	GOH CHYE SOON
NRIC No	SXXXX552C
Date Of Birth	14/06/1975
Occupation	Outdoor

Date Of Driving Pass .....	25/09/1998
Driving experience .....	24 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91064512
Alt. Phone Number .....	-
Email Address .....	fullstop423@gmail.com
Address .....	BLK 63 UPPER SERANGOON VIEW #11-23
Address complement .....	-
Postcode .....	534014
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 .....	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) .....	2
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 .....	LIN RENGHI
Gender .....	Male

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 .....	SKX8484C
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	GOH CHYE SOON
Gender	Male
Phone No	(Phone) +65-91064512
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG1739K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	LIN RENGGHI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG1739K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

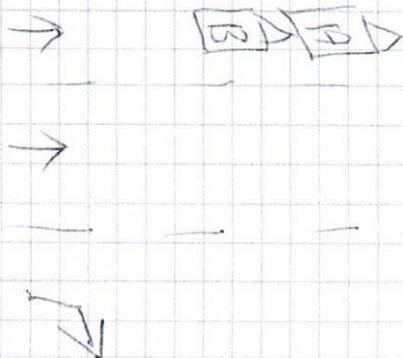
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

**SKETCH PLAN**

Yishun Ave 2 Towards Sembawang Rd

A: GBG 1739 K  
B: SKX 8484C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving along Yishun Ave 2, suddenly I feel a strong impact from my rear portions.

A: GRG 1739 K  
B: SKX 8484 C

DECLARATION

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



*[Signature]*

Policyholder's Signature Date & Time:

*[Signature]*

Driver's Signature (If driver is not the policyholder) Date & Time:

*[Signature]*  
05/06/2023

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

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**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 01 / 06 /2023 (dd/mm/yy) Time of Accident: 05 : 50 ( 24-HR-FORMAT)

Vehicle No. : G8G 1739K Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: YISHUN AVE 2 TOWARDS SEMBAWANG NEAR YISHUN RING ROAD

Policyholder's Name : Happiness Sunbo Catering I/C / UEN : 53323100X

Driver's Name / IC No. : Goh Chye Jun S7517552C (As Above)

Driver's Contact No. : 91064512 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: 14/06/23

Email address : fullstop423@gmail.com Insurance Company: China Taiping

Relationship between Owner & Driver: (Please CIRCLE one only) B1K 63 UPAR STATION NEW VIEW #11-23 53404

**What do you wish to claim? (Please TICK one only)**

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

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

Private use /  Work purpose

Occupation (nature of job)  Indoor /  Outdoor

\*No. of Passengers (Including Driver): 02

\*Passanger Name: LIM RENGUJ Gender:  Male / Female \*Passanger

Name: \_\_\_\_\_ Gender: Male / Female

**Weather condition & Road conditions? (On the day of accident)**

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SKX8484C

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Commercial

MZ300/C

R SN

AN0646A

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.	DMCVSNW00062482204	Engine No.: 1KD2696270	
1. Index Mark and Registration Number of Vehicle	GBG1739K	Cha. No.: JTFHT02P600219136	
2. Name of Policy Holder	HAPPINESS SUNBO CATERING	AUTOSAFE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/06/2022 (00:00:00)		Excess Sect I : S\$500.00 EX ON WINDSCREEN : S\$100.00
4. Date of Expiry of Insurance	14/06/2023		

5. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on 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 in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : ETHOZ CAPITAL LTD AS HP OWNER

\* 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: NET LINK COMMERCIAL PTE LTD  
Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
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