

# 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 .....	19/06/2023 14:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	18/04/2023 14:15 (SGT)
Exact Location of Accident .....	Balestier Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCR2770S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KHOO SAI GUEK
NRIC No .....	S0112436F
Email Address .....	junekhoosg@gmail.com
Mobile Phone No .....	(Phone) +65-97315073
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Glc250
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00199142200

### DRIVER

Name of Driver .....	TEO SOON AN
NRIC No .....	S0450025C
Date Of Birth .....	14/12/1940
Occupation .....	Indoor

Date Of Driving Pass .....	10/11/1972
Driving experience .....	50 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92958830
Alt. Phone Number .....	-
Email Address .....	junekhoosg@gmail.com
Address .....	145 SERANGOON AVENUE 3 #17-06
Address complement .....	-
Postcode .....	556122
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	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

Please refer to the police report.

#### 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 .....	SCM9898M
Vehicle Manufacturer .....	Honda
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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

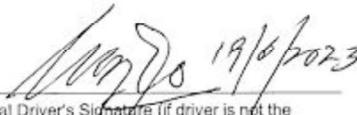
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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:

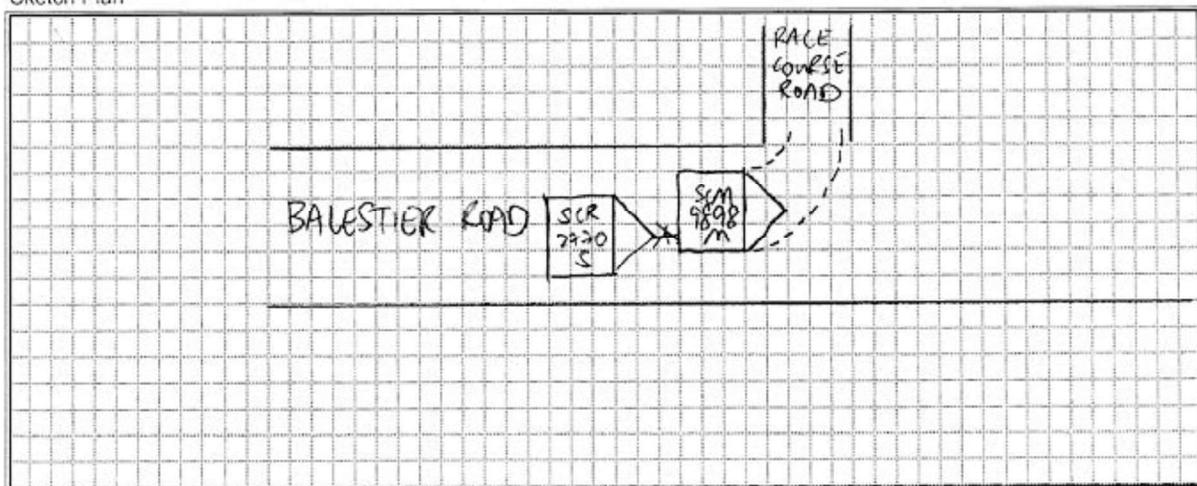
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 19/6/23  
 Policyholder's Signature / Date & Time

 19/6/2023  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) **SOH JIT HOON**

**Sketch Plan**

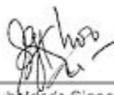


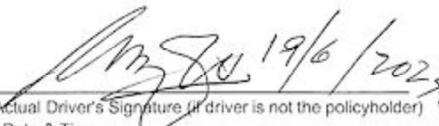
Describe Circumstance of the Accident

Please refer to police report.

Declaration

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

 19/6/23  
Policyholder's Signature / Date & Time

 19/6/2023  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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













**SINGAPORE  
POLICE FORCE**



T/20230531/7045

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

1 of 3  
Report No. T/20230531/7045

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2023 16:10		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KHOO SAI GUEK			Address: 145 SERANGOON AVENUE 3 #17-06 SINGAPORE 556122		
ID Type / ID No.: NRIC NO / S0112436F			Contact No.: Home/Office:                      Mobile: 97315073		
Nationality: SINGAPORE CITIZEN			Email: JUNEKHOOSG@GMAIL.COM		
Sex: Female	Age: 71	Date of Birth: 29/04/1952	Type of Informant: COMPLAINANT		
Race: Chinese			Language: English		
Occupation: Education methods adviser			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/04/2023 14:15	Type of Location: Bend
Location:  BALESTIER ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCM9898M	Car	HONDA	NOT APPLICABLE	White	No Damage	0
SCR2770S	Car	MERCEDES BENZ	GLC 250	White	No Damage	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230531/7045

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

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Report No. T/20230531/7045

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCM9898M	NOT APPLICABLE	NOT APPLICABLE		
SCR2770S	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD	DMPCSNW001991 42200	23/08/2022	18/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
COMPLAINANT			
Name	KHOO SAI GUEK	ID No.	S0112436F
Related Vehicle	NIL	Contact No.	97315073
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

THE WHITE CAR SCM9898M IN FRONT SIGNALLED LEFT AND BRAKED ABRUPTLY. HENCE, I WAS UNABLE TO REACT FAST ENOUGH AND HIT ITS REAR BOTTOM RIGHT BEFORE PROCEEDING STRAIGHT. THE WHITE CAR SIMILIARLY ALSO DID NOT STOP HIS CAR TO EXCHANGE PARTICULARS.



**SINGAPORE  
POLICE FORCE**

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



T/20230531/7045

3 of 3

Report No. T/20230531/7045

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: 31/05/2023 16:10
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

This report is lodged at Traffic Police Kiosk 2  
NP168

OTHER DOCUMENTS



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

Motor Private Car

MX1E

**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, 1956 (Malaysia)

E SN

AND420A

Gov Type C

<b>CERTIFICATE No</b>	DMPCSNW00199142200	Engine No. 27492631834949	Chassis No. WDC2533462F636421
1. Index Mark and Registration Number of Vehicle	SCR27785	AUTOSAFE *****	
2. Name of Policy Holder	KHOO SAI GUEN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/08/2022 (00:00:00)	Named Drivers Ex Sect 4	S\$750.00
4. Date of Expiry of Insurance	22/08/2023	Additional Ex Other than Named Drivers:	
5. Persons or Classes of Persons entitled to drive*		Ex Sect 1 - Age <= 25	S\$2,000.00
(a) The Policyholder		Ex Sect 1 - Age >= 26	S\$500.00
(b) Any other person who is driving on the Policyholder's order or with his permission		* Age as at date of accident	
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.		EX ON WINDSCREEN	S\$100.00
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.			

\* 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.

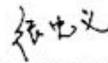
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



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

www.sg.ctaiping.com