





## 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	13/06/2023 17:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2023 20:45 (SGT)
Exact Location of Accident	220b Sumang Ln, Singapore 822220
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV8876A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YEW CHOONG RAYMOND
NRIC No	SXXXX785B
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-97117717
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00023212200

#### DRIVER

Name of Driver	WONG YEW CHOONG RAYMOND
NRIC No	SXXXX785B
Date Of Birth	26/07/1970
Occupation	Indoor

Date Of Driving Pass .....	28/03/1989
Driving experience .....	34 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97117717
Alt. Phone Number .....	-
Email Address .....	reporting@mycar.sg
Address .....	BLK 789 WOODLANDS AVENUE 6 #06-645
Address complement .....	-
Postcode .....	730789
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) .....	6
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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-



## 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:

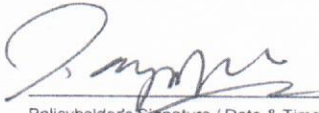
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

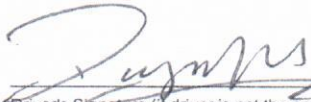
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

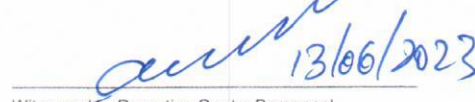
(collectively the "Purposes")

(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.

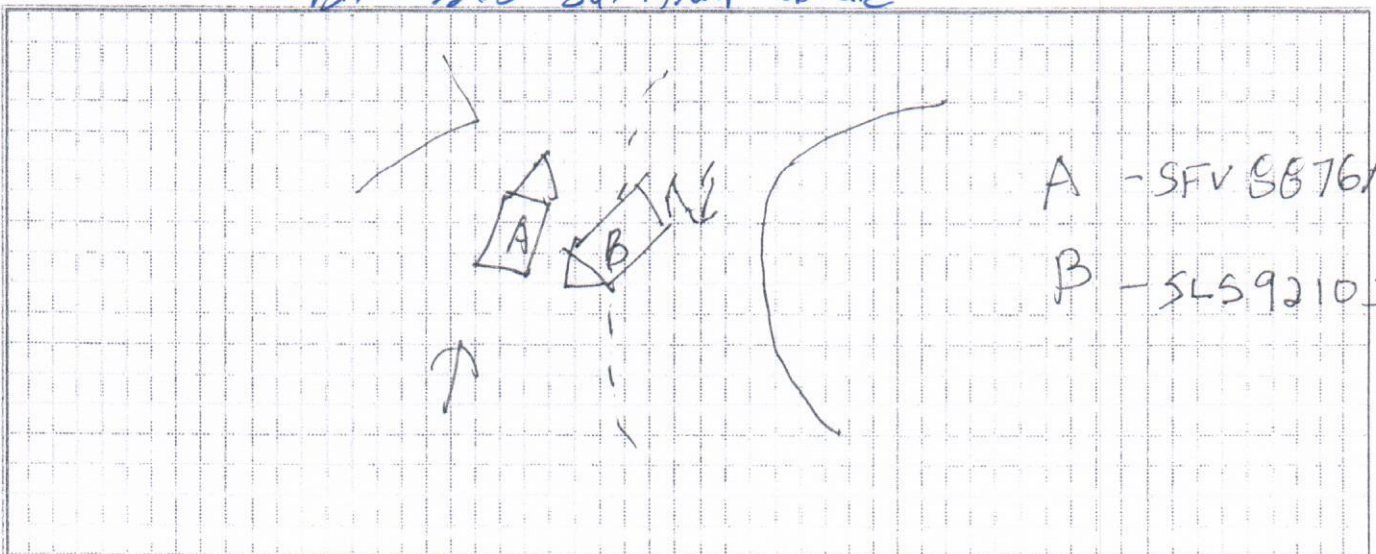
  
Policyholder's Signature / Date & Time

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

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

Sketch Plan

BIK 220B SUMANIG LANE



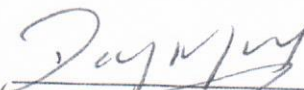
Describe Circumstance of the Accident

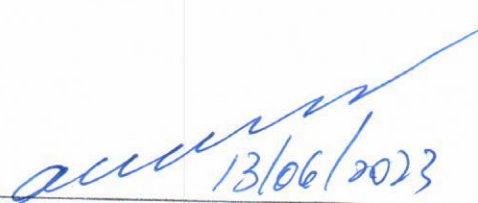
I was travelling on my lane suddenly I felt an impact on my rear right side, I came out a car bearing SL5 9210J which was about to turn right here hit my rear side portion of my vehicle as shown in the video attached.

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)



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

Date of Accident: 11/06/23 (dd/mm/yy) Time of Accident: 20:45 24-HR-FORMAT)  
Vehicle No.: SFV 8876A Vehicle Make & Model: Honda Freed  
\*Transmission: ☐ Manual ☒ Auto \*C.c.: 1.6  
Exact location of Accident: BLK 230B Sumang Lane  
Policyholder's Name: Wong Yew Choong Raymond NRIC/FIN/REG No.: S7024785B  
\*Policyholder's email address: reporting@mycar.sg  
Driver's Name: as above NRIC/FIN/REG No.: -  
\*Driver's email address: -  
Driver's Contact No.: 9711 7717 Company Contact No (If any): -  
Date of birth: 26/7/70 Driving Pass Date: 28/3/1989  
Driver's Address: BLK 789 Woodlands Ave. 6 #06-645 (730789)  
Insurance Company: China Taiping  
Policy No.: Dml+GHW00023212200 Type of Coverage: ☒ Comprehensive ☐ Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please **CIRCLE** one only)  
☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: \_\_\_\_\_  
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)

#### Type of Accident

☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other \_\_\_\_\_  
Occupation (nature job) ☒ Indoor ☐ Outdoor \*No. of Passengers / Including Driver: 06  
\*Passenger Name: passenger 2 Gender: Male / ☒ Female  
\*Passenger Name: passenger 3 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 Car camera? ☒ Yes ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injured Person in Which Vehicle: \_\_\_\_\_ Any injured conveyed to hospital by ambulance? : ☐ Yes ☐ No

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

#### The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SL59210J

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

\*No. of Passenger/(including Driver): \_\_\_\_\_

(If policyholder is not sure or did not check, please state so in the description portion of the report)

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

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

\*No. of Passenger/(including Driver): \_\_\_\_\_

(If policyholder is not sure or did not check, please state so in the description portion of the report)

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

Motor Hire Car

MZ406L/B

E SN

AN0006A

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.

DMHCSNW00023212200

Engine No.: L15B4465611

Cha. No.:GB51121419

1. Index Mark and Registration  
Number of Vehicle

SFV8876A

AUTOSAFE

=====

2. Name of Policy Holder

WONG YEW CHOONG RAYMOND

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

06/12/2022

Excess Sect. I . \$S\$1,250.00

Excess Sect. I (Outside Singapore) \$S\$2,500.00

Excess Sect. II \$S\$1,250.00

Excess Sect. II (Outside Singapore), \$S\$2,500.00

EX ON WINDSCREEN . \$S\$100.00

4. Date of Expiry of Insurance

14/01/2024

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) 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.

WONG YEW CHOONG RAYMOND

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. : ALFA 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: ALFA CREDIT 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

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☎ 6222 1033

🌐 www.sg.cntaiping.com