

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	14/06/2023 13:11 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2023 21:40 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	TOWARDS SEMBAWANG SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3910T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEENG POH CHOO (TANG BAOZHU)
NRIC No	SXXXX786A
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-90909111
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is250
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	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00184112200

DRIVER

Name of Driver	WONG DEH EN
NRIC No	SXXXX054A
Date Of Birth	09/09/1970
Occupation	Outdoor

Date Of Driving Pass	10/04/2002
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90909111
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	41 JALAN SENDUDOK
Address complement	-
Postcode	769466
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	Raining
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)	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	SMC5686T
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	WONG DEH EN
Gender	Male
Phone No	(Phone) +65-90909111
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJH3910T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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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.

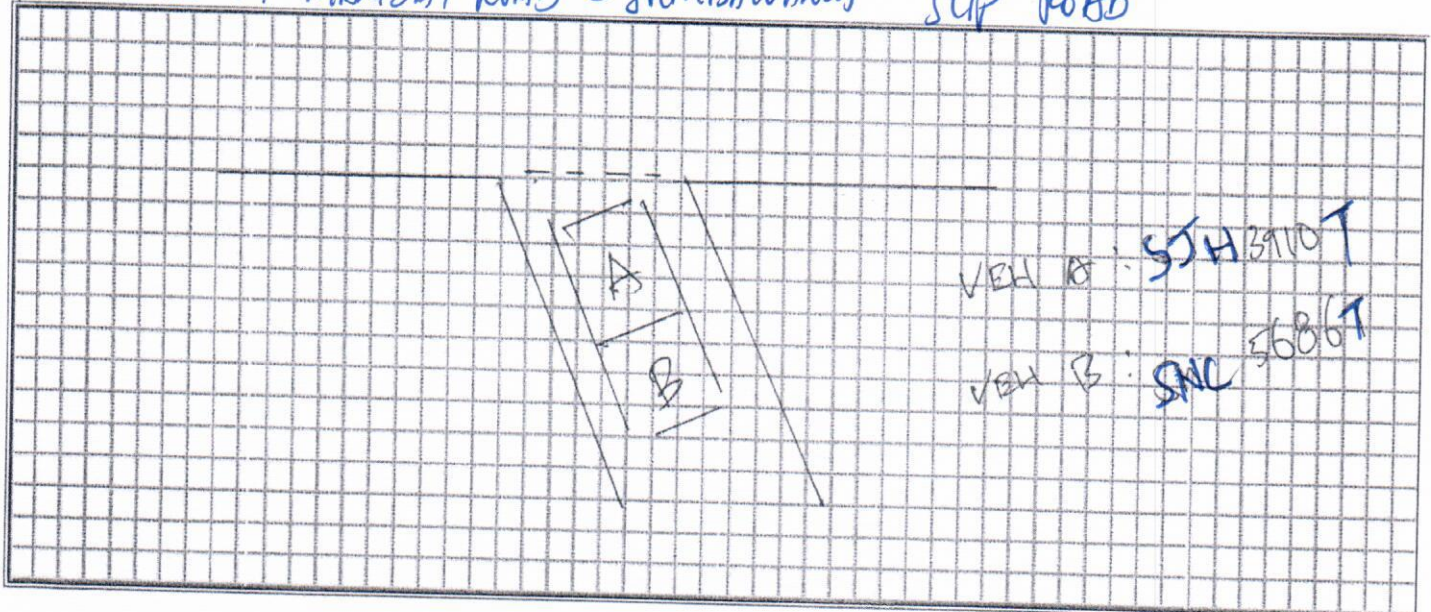
Policyholder's Signature / Date & Time

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

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

Sketch Plan ALONG MANDALAI ROAD - JAMBANGAN

SLIP ROAD



Describe Circumstance of the Accident

On the stated date and time, I was driving along the above mention place, while i was waiting for the main road traffic to be clear, suddenly, i felt an impact on my rear, I got out and find out that veh B did not stop in time and collided into my rear portion.

Was there any video captured by Car Camera? Yes ☒ No ☐

Has the driver been approached by unknown person(s)? Yes ☒ No ☐

Number of Passengers (Including Driver)? 01

Name Wong Den En Gender: Male

Name Gender:

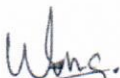
Name Gender:

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


14/06/2021
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

FILL UP THE FORM CLEARLY AND TO PROVIDE ALL THE NECESSARY DOCUMENTS IN ORDER!!!

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	09/06/23
Time of Accident:	09:40 PM
Exact Location:	Along MAJAL RD - SEMBAYAN 818 ROAD

DETAILS OF OWN VEHICLE	
Vehicle Registration No.	SJH 3910 T
NRIC / FIN / Passport no:	SJ210786A
Name of Registered Owner:	TEENH POH CHOO
Owner's Email:	Wihson_tingwei@hotmail.com
Owner's Address:	BK 1417 ANH MU KIO AVE : 10 # 10-1021 56047
Vehicle Make:	LEXUS
Vehicle Model:	LS 250
Engine Capacity (cc):	2.5
Transmission:	AUTO / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire
Name of Insurance Co:	CHINA TAIPING
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft
Policy Number:	DMPCSNW00184112200

DRIVER	
Name of Driver:	WONG DEH EN <input type="checkbox"/> same as
NRIC / FIN / Passport no:	S7065054A
Date of Birth:	09/09/70
Occupation:	Indoor / Outdoor
Driving Pass Date:	10/04/02
Contact Number:	90909111
Gender:	Male / Female
Address:	41 JALAN SENDUDOK (70466)
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:
Translator Name:	
Translator NRIC:	
Translator Contact no:	
Translator email:	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Slide Swipe / Front to Rear / Others:
Weather Condition:	Clear / Raining / Others:
Road Surface:	Dry / Wet
Video available:	Yes / No
Was anybody injured?	Yes / No
Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMC 5686 T		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	
Contact Info:	

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?	Wong Deh En SJH 3910 T		

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Wong
Signature of Driver

13/06/2023
Date and time



Motor Private Car

MX1E

N SN

AN0740A

Cov. Type:F

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. DMPCSNW00184112200 Engine No.: 4GR0492201
Cha. No.: JTHBK262105080207

1. Index Mark and Registration Number of Vehicle SJH3910T

2. Name of Policy Holder TEENG POH CHOO (TANG BAOZHU)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01/08/2022 (15:45:30)

4. Date of Expiry of Insurance 04/08/2023

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.: TATCO 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 Xin Yi Josephine
Authorised Officer

Authorised Signatory