SS2X23390001 / SME MOTOR PTE LTD ENTRY DATE & TIME: 09/03/2023 12:40 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (09/03/2023 12:40 (SGT))

# **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 witholding 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 09/03/2023 12:40 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/03/2023 20:35 (SGT) Exact Location of Accident 5 Jln Besar, Singapore 208785 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SR89A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN CHI LOI NRIC No SXXXX382C Email Address CL.CHANG89@GMAIL.COM Mobile Phone No (Phone) +65-96609783 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 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 Yes your vehicle? Vehicle Category Private car

Transmission Auto CC 4395

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00128472201

DRIVER

Name of Driver CHAN CHI LOI NRIC No SXXXX382C Date Of Birth 25/07/1954 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number	02/02/1978 45 YEARS AND 1 MONTH Male (Phone) +65-96609783
Email Address Address Address complement Postcode	CL.CHANG89@GMAIL.COM 152 JALAN SENANG - 418510
Is the driver the policyholder?  If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver  Insurance Company of Other Vehicle Owned by Driver	Yes - No -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Pedestrian Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender  PASSENGER 2  Name  Gender	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT NO.T/20230309/7021.	
ATTACHMENT(S)	

Yes Yes

Are accident photos available for attachment? Was there any video captured by Car Camera?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	PEDESTRIAN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	NA / Unknown
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	CHAN CHI LOI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SR89A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	XIAO QIAN
Gender	-
Phone No	-
Address Complement	-
Address Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SR89A
Was this injured conveyed to hospital by ambulance?	- Voc
vvas tilis ilijured conveyed to nospital by ambulance:	Yes
INJURED 3	
Name of injured person	TAN BOON LENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SR89A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 4	
Name of injured person	PEDESTRIAN

Phone No	_
Address	_
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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)

l understand, acknowledge, agree and consent that:

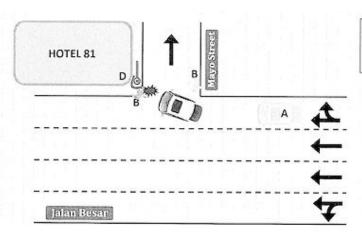
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 7 Date &

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

Witnessed by Reporting Centre Personnel

# Sketch Plan



A: SR89A B: PEDESTRIAN C: STREET NAME SIGNAGE & RAILING D: BUILDING WALL Describe Circumstances of the Accident

# Refer to police report: T/20230309/7021

On 2 March 2023 at about 2035hrs, I was driving my vehicle, SR89A, along the extreme right lane of Jalan Besar when suddenly I observed an unknown vehicle ahead of me to have stopped due to the traffic light displaying 'Red' in our direction. I panicked and pulled my steering wheel to my right as I saw that it was clear in an attempt to avoid a collision with the unknown vehicle. Thereafter, I felt a huge impact to the front of my vehicle. After I had alighted from my vehicle, I then realised I had collided into a pedestrian, a street name signage, a railing and the building wall of Hotel 81. 4 people were being conveyed to the hospital.

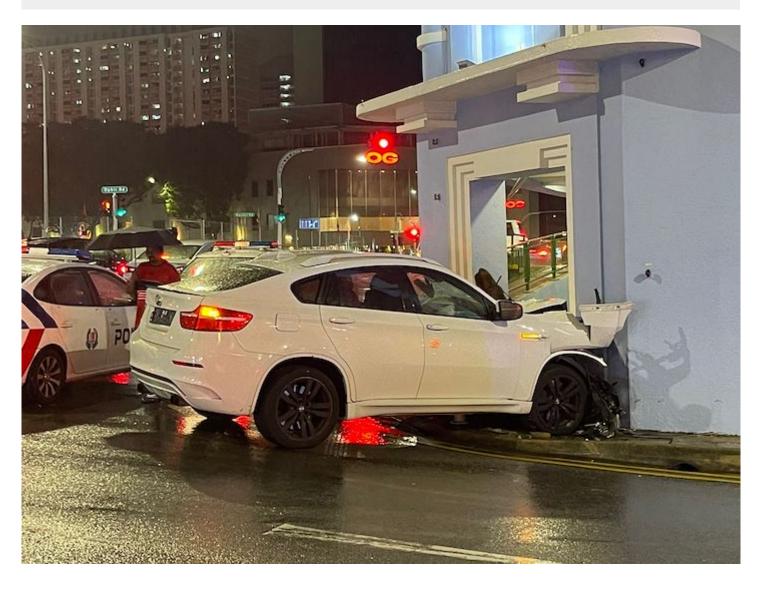
# Declaration

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

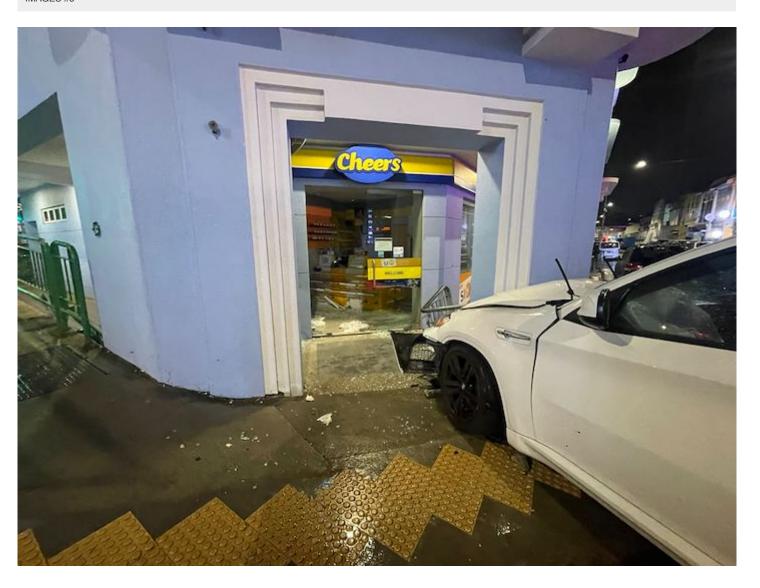
Policyholder's Ignature / Date

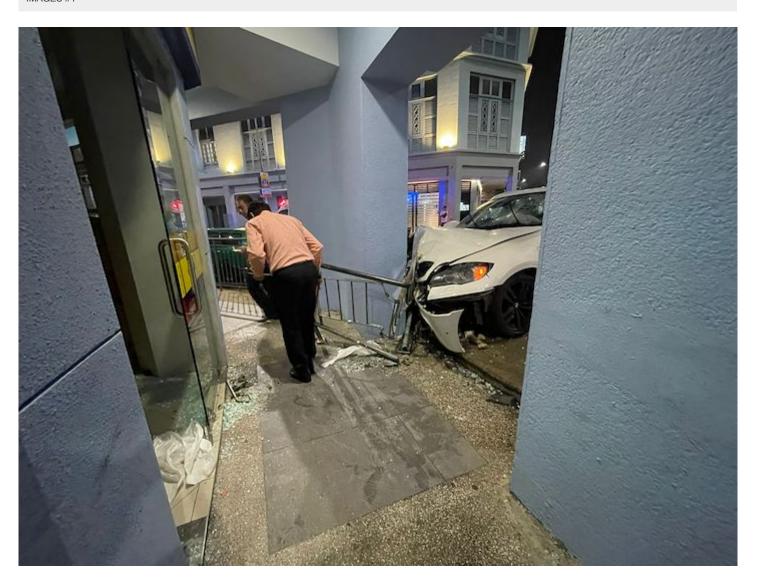
Driver's Signature (If driver is not the policyholder) / Date

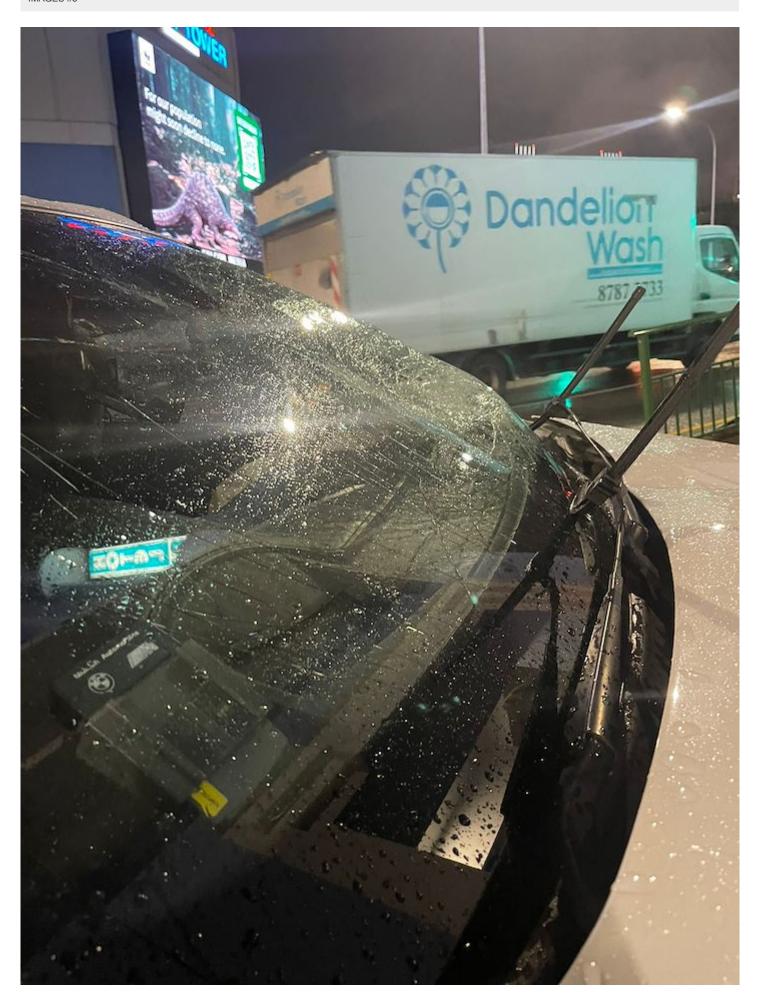
Witnessed by Reporting Centre Personnel

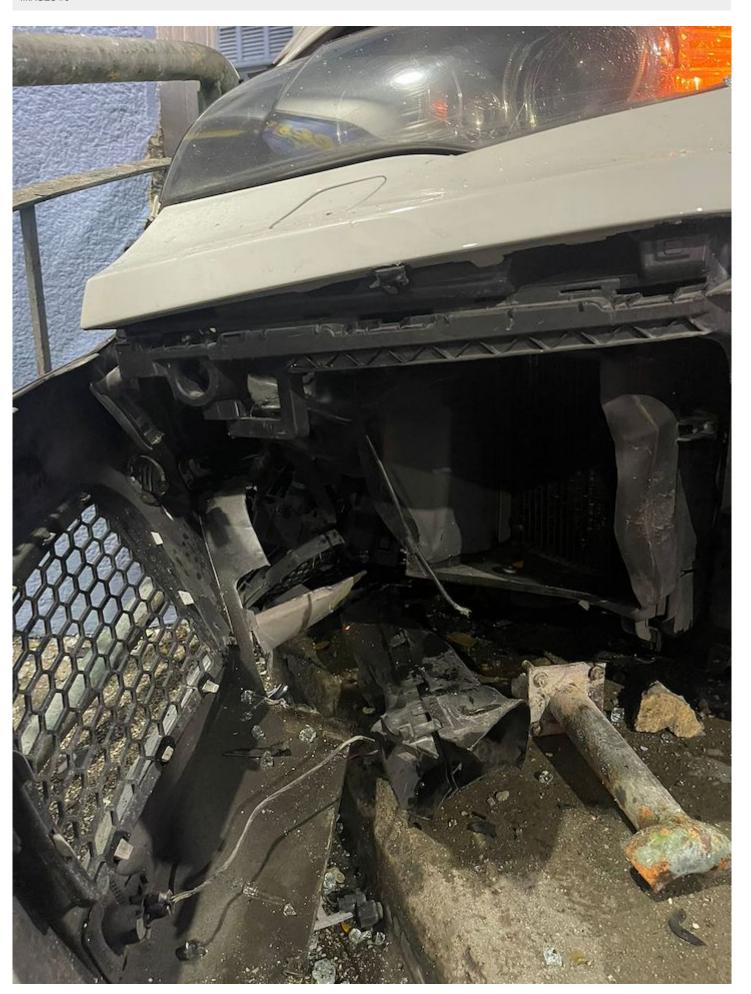




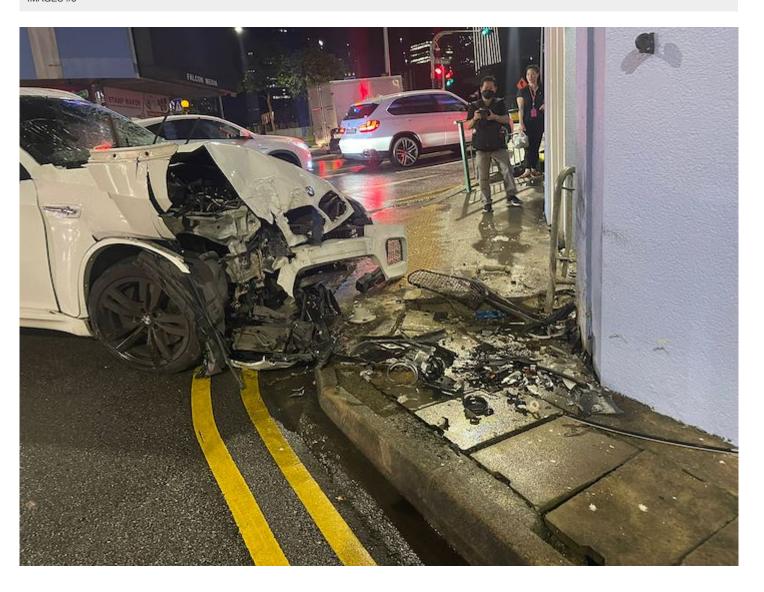


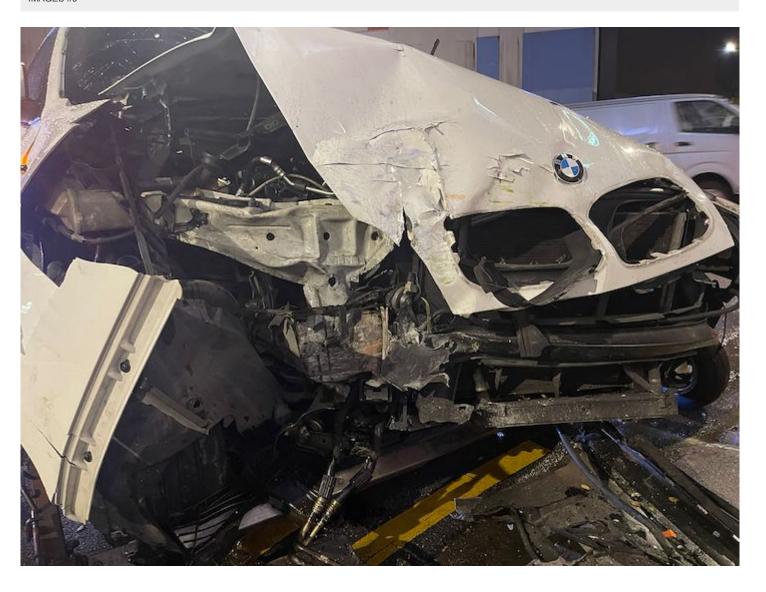
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3. Report No. T/20230309/7021

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

	te/Time Report Made: 03/2023 11:37		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of CHAN C	Informant: HI LOI		Address: 152 JALAN SENANG SING	GAPORE 418510	
	/ ID No.: D / S26573	82C	Contact No.: Home/Office:	Mobile: 96609783	
National SINGAP	ity: ORE CITIZ	EN	Email: cl.chan89@gmail.com		
Sex: Male	Age: 68	Date of Birth: 25/07/1954	Type of Informant: Driver		
Race: Chinese			Language: Institution / School N		
Occupation: CONSTRUCTION DIRECTOR		DIRECTOR	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2023 20:35	Type of Location Straight Road
Location:  JALAN BESA  Weather:	.R	Road Surface: Wet		Road Speed Limit:
Raining				
Raining Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy

Details of V	ehicle Invo	lved		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SR89A	Car	BMW	X6 M AT ABS D/AB 4WD TC 5DR GAS/D SR HUD	White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

Details of Vehicle Insurance

Vehicle No. Insurance Company

2 of 3 Report No. T/20230309/7021

# CONTINUATION OF REPORT

Vehicle No.	Ins	urance Company	Insura	ance No		Effective	Expiry Date	
SR89A	100000	IINA TAIPING INSURA NGAPORE) PTE. LTD.	DMPC 72201	DMPCSNW001284 72201		01/06/2022	31/05/2023	
Details of Pe	erso	n Involved	1 11 7-3	S(2) 1.3			eway beys	
Any Pedestri	an Ir	nvolved: Yes						
No. of Pedes				Use of Pe	edestrian (	cros	sing: Not Ava	ilable
Driver								
Name		CHAN CHI LOI			ID No.		S26573820	:
Related Vehi	cle	SR89A (Car)			Contact No.		96609783	
Hospital/Clini	ic	TAN TOCK SENG HOSPITAL			Driving	Licence &		iry: NIL
Date		02/03/2023 Date			03/03/2023			
No. of Days o	grant	ed Medical Leave	10	Degree o	of Serious			
Pedestrian							ESSEMBLE SE	
Name		UNKNOWN PEDESTRIAN			ID No.		NIL	
Related Vehic	cle	NIL			Contact No.		NIL	
Hospital/Clini	ic	NIL			Class of Driving Licence Expiry		Class: ,3 Date of Exp	iry: NIL

# Brief Details.

02/03/2023

No. of Days granted Medical Leave

On 2 March 2023 at about 2035hrs, I was driving my vehicle, SR89A, along the extreme right lane of Jalan Besar when suddenly I observed an unknown vehicle ahead of me to have stopped due to the traffic light displaying 'Red' in our direction. I panicked and pulled my steering wheel to my right as I saw that it was clear in an attempt to avoid a collision with the unknown vehicle. Thereafter, I felt a huge impact to the front of my vehicle. After I had alighted from my vehicle, I then realised I had collided into a pedestrian, a street name signage, a railing and the building wall of Hotel 81. 4 people were being conveyed to the hospital.

Date

Degree of

NIL

Slight





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230309/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 09/03/2023 11:37
Officer In Charge Of Case: TP / TPIB / NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case;

NP168



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE\_LTD

Motor Private Car

MX1E

R SN AN0083A

Cov. Type:C

CERTIFICATE OF INSURANCE

Moice Vehicles (Third-Party Risks and Compensation) Act (Chapter 14 Motor Vehicles (Third-Party Risks and Compensation) Roles, 1960 Flood Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1059 (Malaysia)

CERTIFICATE No.

DMPC\$NW00128472201

Engine No.: 21574832S63B44A Cha. No::WBSGZ02090LJ88980

1. Index Mark and Registration

SR89A

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

CHAN CHI LOI

\$\$1,500,00

Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00)

01/06/2022

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

31/05/2023

Ex Sect. 1 - Age <= 25 Ex Sect. I - Age >= 26

\$\$3,000,00 \$\$500.00

\* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

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 roward 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 Walver 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.: RICARDO CARS 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: KCB AGENCY
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

@www.sg.cntalping.com