

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	10/07/2023 13:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/07/2023 18:08 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF6131T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA YAO DE
NRIC No	S9306347C
Email Address	CHIAYAODE@GMAIL.COM
Mobile Phone No	(Phone) +65-96973334
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
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	DMHCSNA00011132301

DRIVER

Name of Driver	MOOLA BILKIS
NRIC No	S7586239C
Date Of Birth	02/05/1975
Occupation	Outdoor

Date Of Driving Pass	06/06/2012
Driving experience	11 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-86476993
Alt. Phone Number	-
Email Address	CHIAYAODE@GMAIL.COM
Address	BLK 206C WOODLEIGH LINK #05-67
Address complement	-
Postcode	363206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Change/cross lane
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)	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	UNKNOWN
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

I WAS ON THE TURNING LANE OF THE LEFT MOST POCKET GETTING READY TO TURN FROM SHENTON WAY TO MAXWELL ROAD. I WAS STUCK ABIT IN THE YELLOW BOX AND WHEN THE TRAFFIC LIGHT AHEAD CHANGED TO RED, I DECIDED TO MOVE TO THE EXTREME LEFT TO MAKE WAY FOR THE OTHER CARS. OUT OF THE SUDDEN A TAXI B CAME FROM THE BACK FROM NON TURNING LANE (I HAVE NO PROOF THOUGH) AND TRIED GOING INTO NON POCKET. THEREFORE THE ACCIDENT HAPPENED.

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	SHC1068M
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-


SKETCH PLAN**IMPORTANT NOTICE**

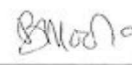
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report 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:

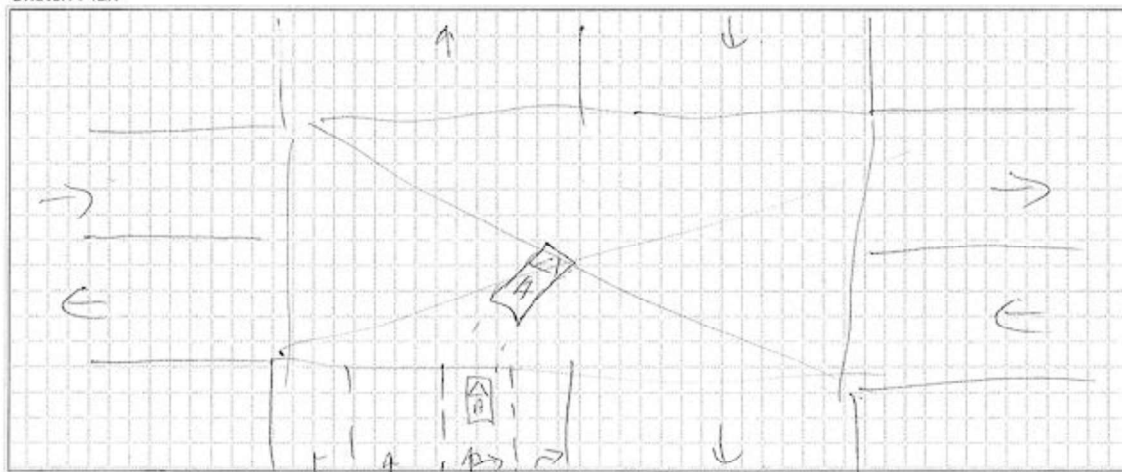
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

x 
 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



Describe Circumstance of the Accident

I was on the turning lane of the leftmost pocket getting ready to turn from Shenton Way onto Maxwell Road. I was stuck a bit in the yellow box and when the traffic light ahead changed to red I decided to move to the extreme left to make way for the other cars. All of a sudden a taxi vehicle came from the back from non turning lane (I have no proof though) and tried going into non pocket. Therefore the accident happen.

Declaration

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

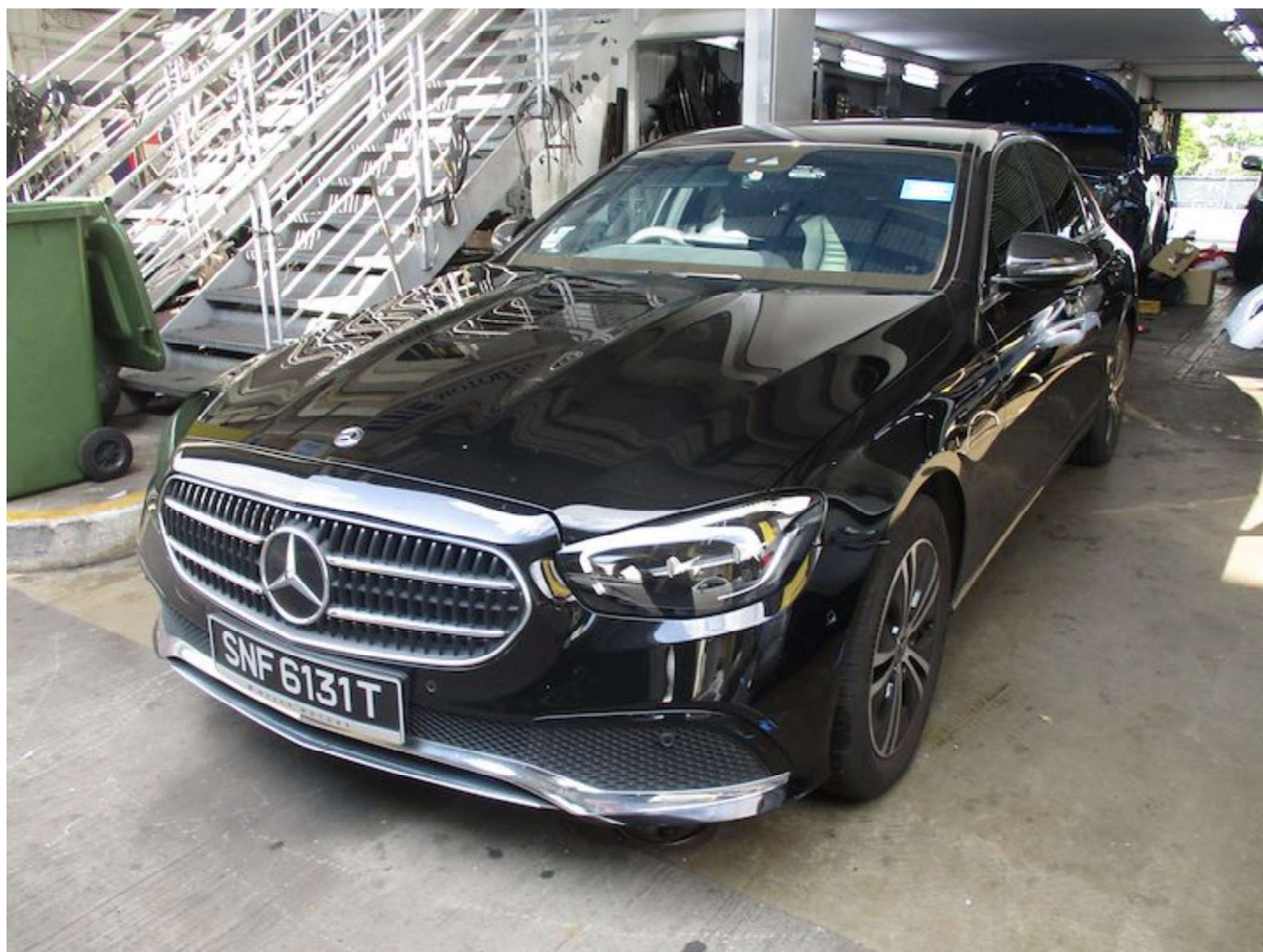

Policyholder's Signature / Date & Time


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

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





















9:25

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Back DMHCSNA00011132...



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

Type the Car

U2461LB

R 5N

AN025A

Car Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 188)
Motor Vehicles (Third Party Risk and Compensation) Rules, 1967
Road Transport Act, 1937 (Malaysia)
Motor Vehicles (Third Party Risk) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMHCSNA0001113201	Engine No.	6549208052450
		Chs. No.	W142130042AM0245
1. Index Mark and Registration Number of Vehicle	SNF81511	AUTOSAFE	
2. Name of Policy Holder	CHIA YAO DE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00.00.00)	01/06/2023	Excess Sect. I	\$51,250.00
Distance or Endowment		Excess Sect. I (Outside Singapore)	\$52,500.00
4. Date of Expiry of Insurance	08/06/2024	Excess Sect. II	\$51,250.00
		Excess Sect. II (Outside Singapore)	\$52,500.00
		EX ON WINDSCREEN	\$5100.00
5. Persons or Classes of Persons entitled to drive	As per Assigned 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 the jurisdiction during the Motor Vehicle.		
	CHIA YAO DE		
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 loaned. The Policy does not cover: (1) Use for racing, jockeying, reliability, trial or speed-testing. (2) Use whilst driving a motor except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO. : INDEX CREDIT PTE LTD			
*Limitations imposed irrespective by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act 1937 (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 Risk and Compensation) Act (Chapter 188) and Part IV of the Road Transport Act, 1937 (Malaysia).

Please see reverse

For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: B2B-Nettie
Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 20026364E)
11 Anson Road 415-00 Springhill Tower Singapore 079909

S: 6369 6111

F: 6222 1033

www.gentaiqing.com

