

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 First Submission	26/08/2024 15:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/08/2024 22:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BULOH PERINDU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM3435A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	98 LEASING VENTURES PTE LTD
Company Reg No	202315218H
Email Address	loanapp.dwiauto@gmail.com
Mobile Phone No	(Phone) +65-88188998
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKD3B3701597227
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00011192400

DRIVER

Name of Driver	YUSOFF BIN MOHAMMAD
NRIC No	S7501858D
Date Of Birth	04/02/1975
Occupation	Outdoor
Driving Pass Date	06/03/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90227921
Alt. Phone Number	-
Email Address	lostboy75@gmail.com
Address	387 YISHUN RING ROAD #09-1651
Address complement	-
Postcode	760387
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOW
Gender	Female

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

REFER TO 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 SNP9346T
Vehicle Manufacturer Mazda
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver QIN MING
Contact Number (Phone) +65-86309456
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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

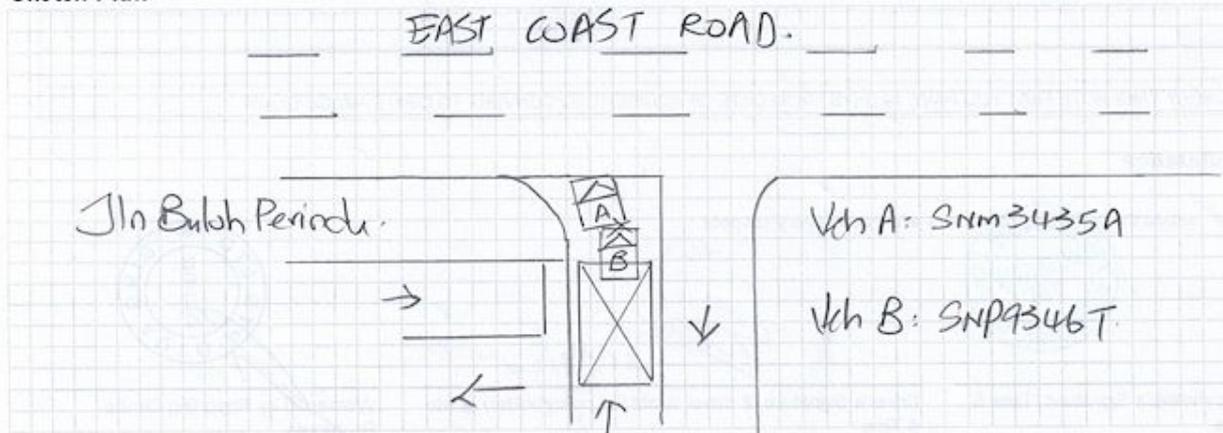
[Signature] 26/08/24

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report: 1/20240826/7028

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 26/08/24

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



Witnessed by Reporting Centre Personnel




























**SINGAPORE
POLICE FORCE**

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



T/20240826/7028

1 of 3

Report No. T/20240826/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2024 11:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YUSOFF BIN MOHAMMAD			Address: 387 YISHUN RING ROAD #09-1651 SINGAPORE 760387		
ID Type / ID No.: NRIC NO / S7501858D			Contact No.:		Mobile: 90227921
Nationality: SINGAPORE CITIZEN			Email: LOSTBOY75@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 04/02/1975	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2024 22:20	Type of Location: T-Junction	
Location: JALAN PUTERI JULA JULI					
Weather: Clear		Road Surface: Dry			
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNM3435A	Motor car	TOYOTA	PriusC	Black	Slightly Damaged	1
SNP9346T	Motor car	MAZDA		Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



T/20240826/7028

3 of 3

Report No. T/20240826/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
26/08/2024 11:43

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20240826/7028

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

2 of 3

Report No. T/20240826/7028

CONTINUATION OF REPORT

Driver			
Name	YUSOFF BIN MOHAMMAD		ID No. S7501858D
Related Vehicle	SNM3435A (Motor car)		Contact No. 90227921
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	QIN MING		ID No. NIL
Related Vehicle	SNP9346T (Motor car)		Contact No. 86309456
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 23/08/24@2219hrs, I was stationary at Jalan Buloh Perindu waiting for traffic on the main road to clear to turn out. Suddenly, I felt an impact from the rear. I alighted & realised Vehicle.B(SNP9346T) front portion has collided onto my Vehicle.A(SNM3435A) rear portion. Took photos and exchange particulars. I felt unwell due to accident & went to see doctor today.





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SD08248Q0003 Vehicle Registration No: SNM 3435A
Name (as shown in NRIC): Yusoff Bin Mohammad NRIC/FIN/Passport No: S7501858D
(Vehicle Driver/ Policyholder) (*) Please delete as appropriate
Address: 387 Yishun ring road # 09-1651 Singapore (760387)
Contact (Tel): 90227921 Mobile No.: 9022 7921
Email Address: lostboy75@gmail.com
Date of Accident: 23. Aug. 2024 Time of Accident: 12. 19 hrs
Place of Accident: Jalan Buloh Perindu
Insurance Company: Chuan Taiping.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Changing driver's address to 387 Yishun ring road # 09-1651 S 760387

Handwritten signature of Policyholder / Actual Driver

26/08/2024

Policyholder / Actual Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:



中国太平
CHINA TAIPING

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

Motor Hire Car

MZ406L/B

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)

N SN

AN0679A

Cov. Type:C

CERTIFICATE No.	DMHCSNA00011192400	Engine No.: 1NZR521759 Cha. No.:JTDKD3B3701597227
1. Index Mark and Registration Number of Vehicle	SNM3435A	AUTOSAFE *****
2. Name of Policy Holder	96 LEASING VENTURES PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/07/2024 (00:00:00)	Excess Sect. I. \$2,000.00 Excess Sect. I (Outside Singapore) \$4,000.00 Excess Sect. II \$1,500.00
4. Date of Expiry of Insurance	30/06/2025	Excess Sect.II (Outside Singapore). \$3,000.00 EX ON WINDSCREEN , \$100.00
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.	
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.	

* 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: Chai Hulin Lynn
Authorised Officer

张世义
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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