

## 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 Authorised 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 Report	09/02/2019 11:37
Date Of Accident	08/02/2019 11:00
Exact Location Of Accident	BLK 91 TANGLIN HALT ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH2105C
Insured/Policyholder	
Name Of Registered Owner	BUDGETCARS PTE LTD
Co Reg No	2016182392
Email Address	BUDGETCARS88@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91593833
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	GOODS VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1808841800
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FARHAN BIN MAHMOOD
NRIC No	S9200383C
Date Of Birth	10/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84988942
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 455 HOUGANG AVE 10 #02-457
Postcode	530455
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PUTRA GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER ATTACHED POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4132X
Vehicle Make/Model/Colour	BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	EDWIN YAP FOO KEONG
NRIC/Passport Number	S0266997H
Contact Number	91801023

Address	APT BLK 316 JURONG EAST ST 32 #10-291
Postcode	600316
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**SKETCH PLAN**

**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

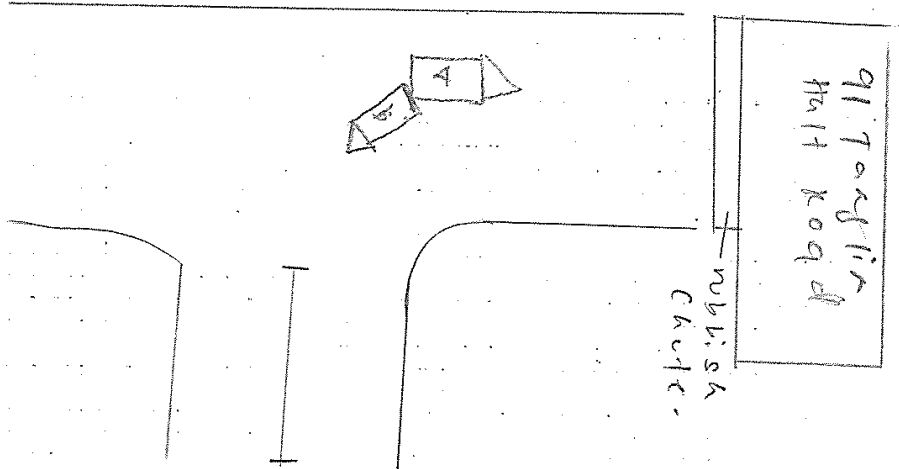
X  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

A = GBH 2105C

B = SHB 4132X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



F/20190208/2116

1 of 3

**POLICE REPORT (NP299)**

Report No. F/20190208/2116

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Date/Time Report Made 08/02/2019 21:53		Vide Report No.		Station Diary No. 161	
Name Of Informant MUHAMMAD FARHAN BIN MAHMOOD		Address APT BLK 455 HOUGANG AVENUE 10 #02-457 SINGAPORE 530455			
ID Type / ID No. NRIC NO / S9200383C		Contact No. Home/Office                      Mobile 84988942			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Van driver		Sex Male	Age 27	Date of Birth 10/01/1992	Race Boyanesese
Institution/School Name		Language			
Date/Time Of Incident 08/02/2019 11:00 - 08/02/2019 11:00		Location Of Incident APT BLK 91 TANGLIN HALT ROAD COMMONWEALTH VIEW SINGAPORE 142091 Rubbish Chute Area			

**Brief details.**

On 08/02/2019, I was doing delivery for RedMart and at around 1100hrs, I reached the rubbish chute of the above mentioned Blk. Thus, I parked my van GBH2105C nearby the rubbish chute then my partner went upstairs to deliver something while I stayed in the van. After my partner came back down at around 1115hrs, and this was when I wanted to drive off. I made a check around the vehicle and checked on the blind spots before reversing. However when I started reversing, I suddenly felt a impact on the back of

Signature Of Officer Recording The Report: F / Sgt 2 ANG JUN WEI JAMES	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 21:53
Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 2 ANG JUN WEI JAMES Contact No.: 63438999	Classification Of Case:

Authentication Stamp                      SN 085

Signature: \_\_\_\_\_

Sengkang Police Force



**SINGAPORE  
POLICE FORCE**



F/20190208/2116

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190208/2116

my van.

I then exited the vehicle and spotted a taxi SHB4132X, as soon as I saw the taxi driver he apologized to me and said "Sorry I did not see you" he then said that he will pay me. However, I rejected as it was a company van and I cannot accept his money.

**Particulars of Taxi Driver:**

NRIC: S0266997H

NAME: Edwin Yap Fuo Keong

DOB: 19/11/1945

Address: Blk 316 Jurong East Street 32 #10-291

HP: 91801023

Afterwards I told him to talk to my boss and I passed the taxi driver's contact number to my boss.

On the same day at around 1800hrs, my boss called the taxi driver. However when the taxi driver answered the call, he sounded angry. He then said that he wanted to claim insurance against myself, which was the opposite of what he said in the morning when he told me that he will compensate me. After this, my boss told me to report this issue to the company's workshop tomorrow morning.

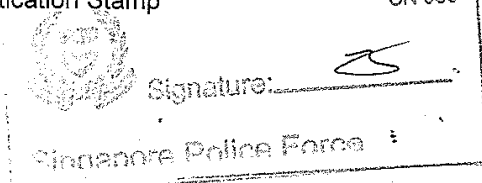
I wish to state that there was no argument, threat or any assault that took place during the conversations.

I also wish to state that there was nobody injured in the accident.

Signature Of Officer Recording The Report: F / Sgt 2 ANG JUN WEI JAMES	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 21:53
Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 2 ANG JUN WEI JAMES Contact No.: 63438999	Classification Of Case:

Authentication Stamp

SN 085



**SINGAPORE  
POLICE FORCE**

F/20190208/2116




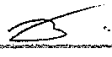
3 of 3

POLICE REPORT (NP299)

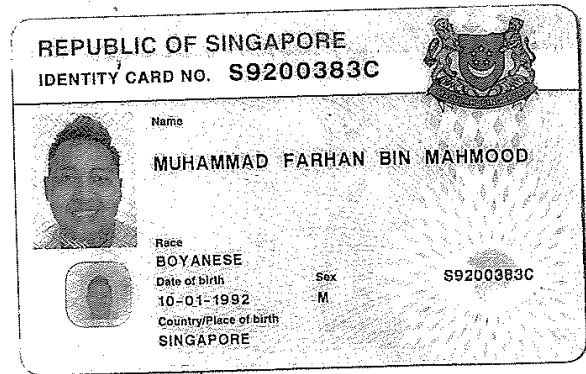
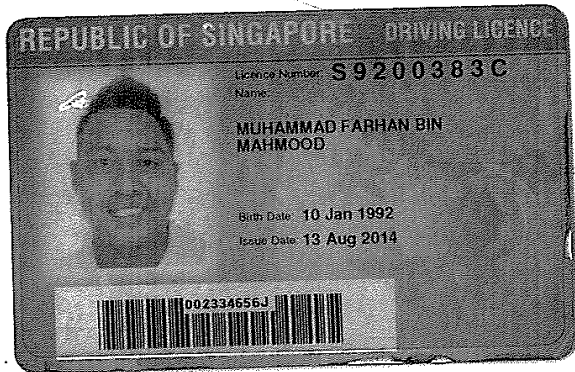
CONTINUATION OF REPORT

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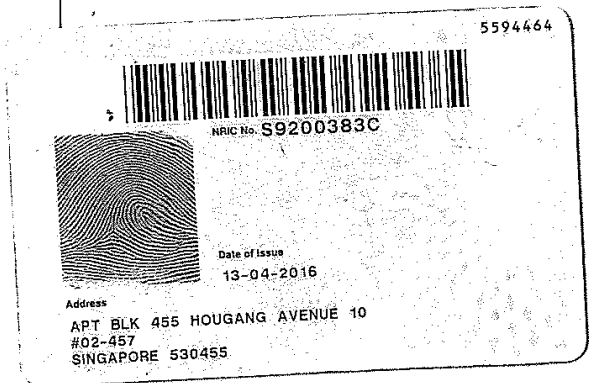
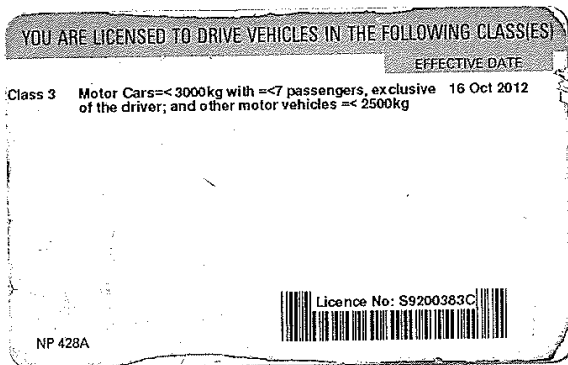
I am making this report for recording purposes.

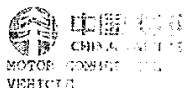
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Authentication Stamp  SN 085 Signature:  Singapore Police Force	





*Driver*





中國太平保險(新加坡)有限公司  
CHINA PING AN INSURANCE (SINGAPORE) PTE. LTD.

MZ301/CN SM  
AN0633A  
Cov. Type: C  
AUTOSAFE

### CERTIFICATE OF INSURANCE

Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 109)  
Motor Vehicles (Third Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicle (Third Party Risks) Rules, 1980 (Malaysia)

CERTIFICATE NO.	0XCVS4118341600	Engine No. 11K02741714 Chassis No. PER2010231050
1. Index Mark and Reference Number of Vehicle	GSB21050	
2. Name of Policyholder	M/S. JUDENMA'S PTE. LTD.	
3. Effective date of the Commencement of Insuring for the purposes of the Regulations (Date of Issuance)	14 MARCH 2011	CROSS SECTION ..... S\$750.00 FOR WEAR AND TEAR ..... S\$100.00
4. Date of Expiry of Insurance	13 MARCH 2012	
5. Persons or Class of Persons entitled to drive	<p>(1) ANY PERSON WHOSE NAME IS ENTERED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AND WHO IS PROVIDING AS DRIVER FOR THE POLICYHOLDER'S BUSINESS AND IS DRIVING ON THE ORDER OR WITH THEIR PERMISSION.</p> <p>(2) ANY PERSON WHOSE NAME IS ENTERED FOR SPECIAL DRIVERS OR FLEET PURPOSES AND WHO IS DRIVING ON THE ORDER OR WITH THEIR PERMISSION.</p> <p>PROVIDED THAT THE DRIVER IS NOT A PERSON WHO IS EXCLUDED BY THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO EXCLUDED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OR BY REASON OF AN ARREST OR ACCIDENT IN THAT DRIVER FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations	<p>(1) THIS POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS.</p> <p>(2) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>(4) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>(5) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>(6) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>(7) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>(8) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>(9) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>(10) THE POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p>	
<p>NOTE: THIS POLICY IS VALID FOR THE POLICYHOLDER'S BUSINESS ONLY AND IS NOT VALID FOR OTHER PURPOSES.</p> <p>* This policy is valid for the purposes of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 109) and the Motor Vehicle (Third Party Risks and Compensation) Rules, 1980 (Malaysia), and is not valid for other purposes.</p>		

We hereby Certify that the policy to which this Certificate is issued is in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 109) and Part IV of the Road Transport Act, 1987 (Malaysia).

Countersigned by

Countersigned by

CHINA PING AN INSURANCE (SINGAPORE) PTE. LTD.

Authorized signatory

INSURED VAN



INSURED VAN CHASSIS NUMBER



## INSURED VAN





INSURED VAN



## INSURED VAN



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## INSURED VAN



**INSURED VAN**



INSURED VAN







SCENE PHOTO



INSURED VAN



