

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	05/11/2020 14:20
Date Of Accident	04/11/2020 15:10
Exact Location Of Accident	PAN-ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6075A
Insured/Policyholder	
Name Of Registered Owner	MULTIHEIGHT SCAFFOLDING PTE LTD
Co Reg No	199003043R
Email Address	ANTHONY@MULTIHEIGHT.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81007128

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	AHMAD FAISAL BIN SALLEH
NRIC No	S1619297Z
Date Of Birth	16/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1984
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98562418
Fax Number	
Contact Number	
Email Address	KITCHI.BOI@GMAIL.COM

Address	APT BLK 687D CHOA CHU KANG DRIVE #03-376
Postcode	684687
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT : T/20201104/2120

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	SHC4769D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OMAR
NRIC/Passport Number	
Contact Number	98517248
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD4041P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN POH HOCK
NRIC/Passport Number	
Contact Number	96233272
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Accident Sketch Plan

SKETCH PLAN

PAN - ISLAND EXPRESSWAY

Vehicle A: PA6075A
Vehicle B: SHC4769D
Vehicle C: SHD4041P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20201104/2120

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature of Policyholder

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

Signature of Driver

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

Signature of Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20201104/2120

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20201104/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 19:37	Vide Report No.: E/20201104/0097	Station Diary No.: 92
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Informant's Particulars			
Name of Informant: AHMAD FAISAL BIN SALLEH		Address: APT BLK 687D CHOA CHU KANG DRIVE #03-376 SINGAPORE 684687	
ID Type / ID No.: NRIC NO / S1619297Z		Contact No.: Home/Office: Mobile: 98562418	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 16/01/1963	Type of Informant: Driver
Race: Boyanese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/11/2020 15:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1217				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA6075A	Van				Slightly Damaged	0
SHC4769D	TAXI				Slightly Damaged	1
SHD4041P	TAXI				Slightly Damaged	1



**SINGAPORE
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T/20201104/2120

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Tel No: 1800-7659999

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Report No. T/20201104/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AHMAD FAISAL BIN SALLEH	ID No.	S1619297Z
Related Vehicle	PA6075A (Van)	Contact No.	98562418
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	OMAR	ID No.	NIL
Related Vehicle	SHC4769D (TAXI)	Contact No.	98517248
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	NIL	Degree of Injury	NIL
Driver			
Name	TAN POH HOCK	ID No.	NIL
Related Vehicle	SHD4041P (TAXI)	Contact No.	96233272
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	NIL	Degree of Injury	NIL

Brief Details.

On 04/11/2020 at about 1510hrs, I was driving my van (PA6075A) on the 2nd lane of the 4 lane road along PIE towards Tuas (at the 24km mark, before Clementi Road). I was travelling behind a taxi (SHC4769D) about 2 car length apart. Out of a sudden, the taxi in front of me applied his emergency brakes. As such, I was unable to stop in time and collided onto the rear center portion of his vehicle. Subsequently, I noticed the taxi (SHC4769D) and another Comfort Delgro taxi (SHD4041P) in front of his then moved their vehicles to the road shoulder. I then realised that both vehicles were involved in an accident prior to my incident.



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T/20201104/2120

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Report No. T/20201104/2120

CONTINUATION OF REPORT

Thereafter, Ambulance and police came to scene. I was not injured. I do not have an in car camera installed in my van. My van suffered slight damages due to the collision.

I wish to state that during the time of incident, the traffic was heavy and vehicles were travelling at an average speed of 60-70km/hr. I also observed that there were road works on the 1st lane.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201104/2120

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20201104/2120

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 3 NURSHUHADAH BINTE SULAIMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/11/2020 19:37

Officer In Charge Of Case:

TP/GIT/



Ohairil

Contact No.:

65476187

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



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

Motor Bus

MZ601

N SN

BR0050A

Cov. Type:T

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)

CERTIFICATE No.

DMB1SNA00010092000

Engine No.: 2KD1449554

Cha. No.: JTFJS02P300007377

1. Index Mark and Registration
Number of Vehicle

PA6075A

2. Name of Policy Holder

MULTIHEIGHT SCAFFOLDING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

01/10/2020

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

30/09/2021

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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: Moses Chia Wen Jye
Authorised Officer

杨亚美
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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☎ 6222 1033

🌐 www.sg.cntaiping.com

Accident Photo



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