

## 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 void 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 27/11/2020 16:25  
Date Of Accident 26/11/2020 08:50  
Exact Location Of Accident TANAH MERAH COAST ROAD TERMINAL 5  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number XE5495L  
**Insured/Policyholder**  
Name Of Registered Owner DOUBLE TRANS PTE LTD  
Co Reg No 1XXXXX888E  
Email Address VIKNESH@SAMCO.COM.SG  
Mobile Phone No  
Alternative Phone No OFFICE-86123163

### Vehicle Particulars

Manufacturer HINO  
Model 6X TIPPER MT

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMCVSNA00005742000  
Cover Note Number

### Driver

Name of Driver MAYAVAN RAJENDIRAN  
Passport No/FIN GXXXX640X  
Date Of Birth 10/02/1983  
Occupation OUTDOOR  
Date Of Driving Pass 27/10/2016  
Driving Experience 4 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98618830  
Fax Number  
Contact Number  
Email Address VAJANDRA053@GMAIL.COM

BLK 520 #06-197 JURONG WEST ST 52  
640520

Is the driver an employee of the Insured's Company YES  
Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own  
Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
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?  
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? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

### 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

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver THIANGTHAE THANACHOT  
NRIC/Passport Number GXXXX376P  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

000 ☒ OD/UL ☐ DS

# MOTOR ACCIDENT REPORT

MCA: 7P

Date Of Accident: 27/11/2020 Time: 1135am Date Of Accident: 26/11/2020 Time: 850 am  
Location Of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /  
Tanjong Merah Coast Road Terminal 5

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Registration Number: XE 5495L  
Co. Reg. No (for Co. Vehicle)/NRIC/PP/FIN No: 199001888E  
Registered Owner: Double Trans Pte Ltd.  
Alternative No: Vicky.  
Email Address: VIKNESH@SAMCO.COM.SG

## Vehicle Particulars

Manufacturer: Toyota ☐ Lexus ☐ Suzuki ☐ Hino ☒ Model: Hino 6X4 Tipper MT.  
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☐ Other ☐ (please specify):  
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☒ Reporting Only ☐ Third Party ☐

Vehicle Category: Private Car ☐ Commercial Vehicle ☒ Others ☐  
Insurance Company: CHINA TAIPING

Name of Insurance Company: CHINA TAIPING

Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐

Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: DMCV SXIA 000 2574 2000

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: MAYAVAN RAJEN DIRAN NRIC/Passport/FIN No: C78366640X  
Date Of Birth: 10.02.1983 Occupation: Indoor ☐ Outdoor ☒

Date Of Driving Pass: 05.02.2022 Gender: Male ☒ Female ☐

Mobile Number: 98618830 Fax No: Alternative No: Postal Code: 640520

Address: BKK 520-# 06-197 Jurong West Street 52

Email Address: rajandra053@gmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: Driver.

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

## GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: LH side Collision.

Number of Passengers in the above vehicle (Including Driver): 1 / If more than 2 Pax Please fill ANNEX B

## PASSENGER 1

Name: Gender: Male ☐ Female ☐

Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):

Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):

Was any body injured in the Accident? No ☒ Yes ☐

Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐

Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:

Number of vehicles involved in the accident: 2

Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below

Witness Name: Contact No.: Email:

Was there any other vehicle or property damaged? No ☐ Yes ☒

Was there any video captured by Car Camera? No ☒ Yes ☐ Are accident scene photos available for attachment? No ☐ Yes ☒

Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):

Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):

I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

## DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: Vehicle Make/Model/Colour:

Details Of Properties Damage in Accident:

Vehicle Category:

Name of Driver: Thiangthae Thanachet

NRIC/Passport/FIN Number: G 6824 376P Contact Number:

Address: Postal Code:

Insurance Company Name:

Nature Of Damage: No. Of Passenger (Including Driver):

## SKETCH PLAN

### IMPORTANT NOTICE

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#### 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.

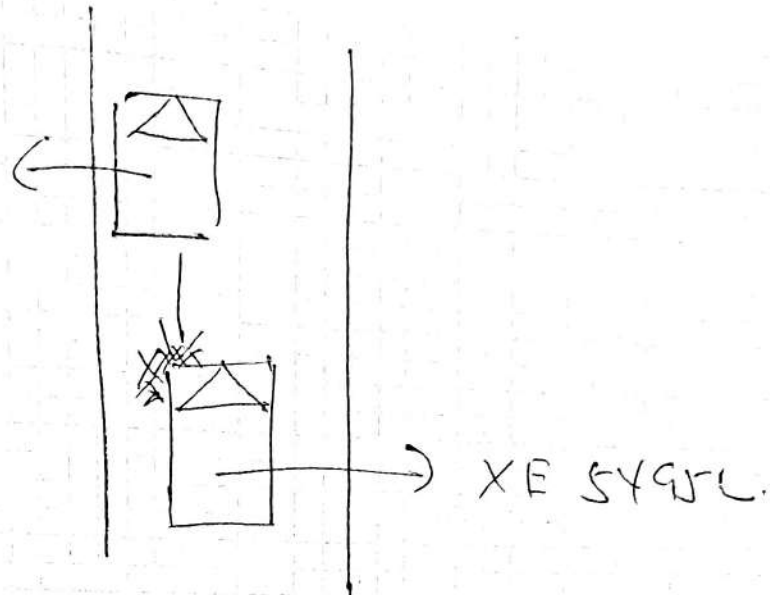


Policyholder's Signature  
Date & Time:

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

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

Tractor



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 26/11/2020 @ 8:50am.

Accident Location : Tanah Merah Coast Road Terminal 5.

I was driving along Tanah Merah Coast Road.

Terminal 5 Construction site.

A <sup>Tractor</sup> Car "Terpillar" which is in front of me,

suddenly reversed and hit onto my car front left side.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:



Please email the report to - VIKNESH@smico.com.sg

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 Commercial

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1953 (Malaysia)

MZ300/C

E SN

BR0057A

Cov. Type C

CERTIFICATE No. DMCVSN00005742000 Engine No. E13CAT10536  
Cha. No. JHDFS1EKNXXX10046

1. Index Mark and Registration Number of Vehicle XE5495L

2. Name of Policy Holder DOUBLE-TRANS PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 23/01/2020

4. Date of Expiry of Insurance 31/12/2020

Excess Sect I S\$1,500.00  
EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on the Policyholder's order or with their 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.

TAN INSURANCE BROKERS PTE LTD  
3A5A Aljunied Street, 15th Floor Building  
Singapore 190083  
Tel: (65) 6742 6741 Fax: (65) 6742 6059

6. Limitations as to use.\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO - MAYBANK SINGAPORE LIMITED AS HP OWNER

\* 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: Gan Li Ja Jessica  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd (Co. Reg. No. 200208324E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

[Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	888E

### Vehicle Details

Vehicle No.:	XE5495L
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Dec 2020
Vehicle Make:	HINO
Vehicle Model:	FS1EKND 28 TON 6X4 MT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	E13CAT10536
Chassis No.:	JHDFS1EKNXXX10048
Maximum Power Output:	-
Open Market Value:	\$94,676.00
Original Registration Date:	23 Jan 2020
First Registration Date:	23 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$4,734.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	22 Jan 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$12,519.00
COE Rebate Amount:	\$11,438.00
<b>Total Rebate Amount:</b>	<b>\$11,438.00</b>

The information contained herein is correct as at 02 Dec 2020

OK