

# 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 Submission ..... 25/03/2021 16:13 (SGT)  
Date of Accident ..... 25/03/2021 13:30 (SGT)  
Exact Location of Accident ..... Yio Chu Kang, Singapore  
Additional Location Information ..... YIO CHU KANG TOWARD SENKANG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJD2059D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED ASRAF BIN ZAINOL ABIDIN  
NRIC No ..... SXXXX362Z  
Email Address ..... AS\_FIANA\_362@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-84984389  
Alternative Phone No ..... +65-84984389

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00045112103  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED ASRAF BIN ZAINOL ABIDIN  
NRIC No ..... SXXXX362Z

Date Of Birth .....	23/07/1976
Occupation .....	Outdoor
Date Of Driving Pass .....	11/01/2010
Driving experience .....	11 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84984389
Alt. Phone Number .....	+65-84984389
Email Address .....	AS_FIANA_362@YAHOO.COM
Address .....	BLK 450B SENGKANG WEST WAY #23-341
Address complement .....	-
Postcode .....	792450
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	Yes

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED

#### 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 .....	GBG7762C
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Goods vehicle

Name of Driver .....	LIM MUI KHING
NRIC No .....	SXXXX727C
Contact Number .....	(Phone) +65-96210270
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	FRONT
No. Of Passenger (Including Driver) .....	2

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	MOHAMED ASRAF BIN ZAINOL ABIDIN
Address .....	APT BLK 507 BEDOK NORTH AVENUE 3 #04-455
Address Complement .....	-
Post Code .....	460507
Approximate Age Years Old .....	45
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJD2059D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



Describe Circumstances of the Accident

25/3/21 @ 1330HRS

I WAS DRIVING ALONG VIA CHU KANG RD TOWARDS SENGKANG.  
 AS I WAS APPROACHING @ TRAFFIC LIGHT, THE LIGHTS TURN  
 AMBER, I SLOW DOWN TO PREPARE FOR A STOP.  
 WHEN MY VEHICLE WAS ABOUT STOP, A SILVER TOYOTA DYNA  
 TRUCK NUMBER: 6B97762C RAMMED TO MY REAR BUMPER  
 AND CAUSE THE IMPACT TO FURTHER PUSH MY CAR @  
 A DISTANCE. THE LADY DRIVER ADMITTED THAT SHE WAS  
 WRONG & APOLOGISE. SHE ALSO SAID DIDNT AWARE THAT THERE  
 IS A CAMERA ON THE TRAFFIC LIGHT.

THAT'S ALL

Declaration

We declare the foregoing particulars are true in every respect.

x <sup>1520 HRS</sup>  
 Aseer 25/3/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*Sany*

































**SINGAPORE  
POLICE FORCE**



T/20210326/2026

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20210326/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2021 12:29	Vide Report No.:	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: MOHAMED ASRAF BIN ZAINOL ABIDIN			Address: APT BLK 507 BEDOK NORTH AVENUE 3 #04-355 SINGAPORE 460507		
ID Type / ID No.: NRIC NO / S7613362Z			Contact No.: Home/Office: Mobile: 84984389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 23/07/1976	Type of Informant: Vehicle Owner		
Race: Indian			Language:	Institution / School Name:	
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2021 13:30	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7762C	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	1
SJD2059D	Car	MITSUBISHI	LANCER 2.0L MIVEC GLS 6-CVT	Black	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210326/2026

2 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20210326/2026

## CONTINUATION OF REPORT

Driver			
Name	LIM MUI KHING	ID No.	S1739727C
Related Vehicle	GBG7762C (Lorry)	Contact No.	96210270
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
Vehicle Owner			
Name	MOHAMED ASRAF BIN ZAINOL ABIDIN	ID No.	S7613362Z
Related Vehicle	SJD2059D (Car)	Contact No.	84984389
Hospital/Clinic	LAVENDER MEDICAL CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	26/03/2021	Date Discharge	26/03/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 25/03/2021 at about 1330hrs, I was driving along Yio Chu Kang Road near to Shell petrol station. I was approaching a traffic light and the light was turning amber. As such, I came to a stop as it turned red. After stopping, I felt an impact on the rear of my vehicle. I realized that my vehicle has been hit by a lorry at the rear of my vehicle. At that point of time I had no injuries on myself and there was no injuries on the other driver. I made a check on my vehicle and there was a big dent on the rear bumper. The other vehicle number plate was also stuck onto the rear of my bumper. The damage on the other vehicle was small dent on the front of the vehicle and the number plate came off. A few hours later, I felt pain on chest, I felt discomfort on my both arms and on my waist. I went to see a doctor and I got 3 days of MC due to the injuries.



**SINGAPORE  
POLICE FORCE**



T/20210326/2026

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Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3  
Report No. T/20210326/2026

**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: A / Sgt 2 MOHAMED RAFHAN BIN MOHAMED ABDUL KADER	Signature Of Informant: <i>[Handwritten Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2021 12:29
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476179	Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

*[Handwritten Signature]*

SIGNATURE



**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: SC0W213P0004 Vehicle Registration No: SJD2059D  
 Name (as shown in NRIC): Mohamed Aswad Bin Zainol Abidin NRIC/FIN/Passport No: SXXXX362Z  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 84984389  
 Email Address: \_\_\_\_\_

Date of Accident: 25/03/2021 Time of Accident: 13:30  
 Place of Accident: Yio Chu Kang Towards Sengkang Road  
 Insurance Company: China Taiping Insurance (S) Pte Ltd

**(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:

To amend report - Insured got injury  
& attached police report

[Signature]  
 Policyholder / Driver's Signature  
 Date: 26/3/21

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: T. B. Ho  
 NRIC/FIN No.: 0055B  
 Date: 26/3/21



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 Private Car

MX1F

R SN

AN0472A

Cov. Type:C

### 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.	DMPCSNW00045112103	Engine No.: 4B11BC4191	
		Cha. No.: JMYSTCY4A8U002814	
1. Index Mark and Registration Number of Vehicle	SJD2059D	AUTOSAFE	*****
2. Name of Policy Holder	MOHAMED ASRAF BIN ZAINOL ABIDIN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/03/2021 (00:00:00)	Named Drivers Ex Sect. I	\$S750.00
		Additional Ex. Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4. Date of Expiry of Insurance	12/03/2022	* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
5. Persons or Classes of Persons entitled to drive*	(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.  Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		
	HIRE PURCHASE CO. : KENSO LEASING PTE LTD 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: CCL INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com