





# 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	19/08/2021 15:15 (SGT)
Date of Accident	17/08/2021 19:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(BEFORE PAYA LEBAR - EUNOS EXIT)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4542U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANSPAW
Company Reg No	5XXXX158C
Email Address	transpaw@yahoo.com
Mobile Phone No	(Phone) +65-98464073
Alternative Phone No	+65-98464073

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1598

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00016662100
Cover Note Number	-

## DRIVER

Name of Driver	VERGARA ALBERT RONALD CALMA
NRIC No	SXXXX953E

Date Of Birth	13/05/1973
Occupation	Outdoor
Date Of Driving Pass	01/03/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98464073
Alt. Phone Number	-
Email Address	transpaw@yahoo.com
Address	38 WOODLEIGH PARK
Address complement	-
Postcode	357836
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	AFTER RAIN
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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	SMP5189T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED FAISAL BIN MOHAMED SAIM
NRIC No	SXXXX417G
Contact Number	(Phone) +65-91069150
Address	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

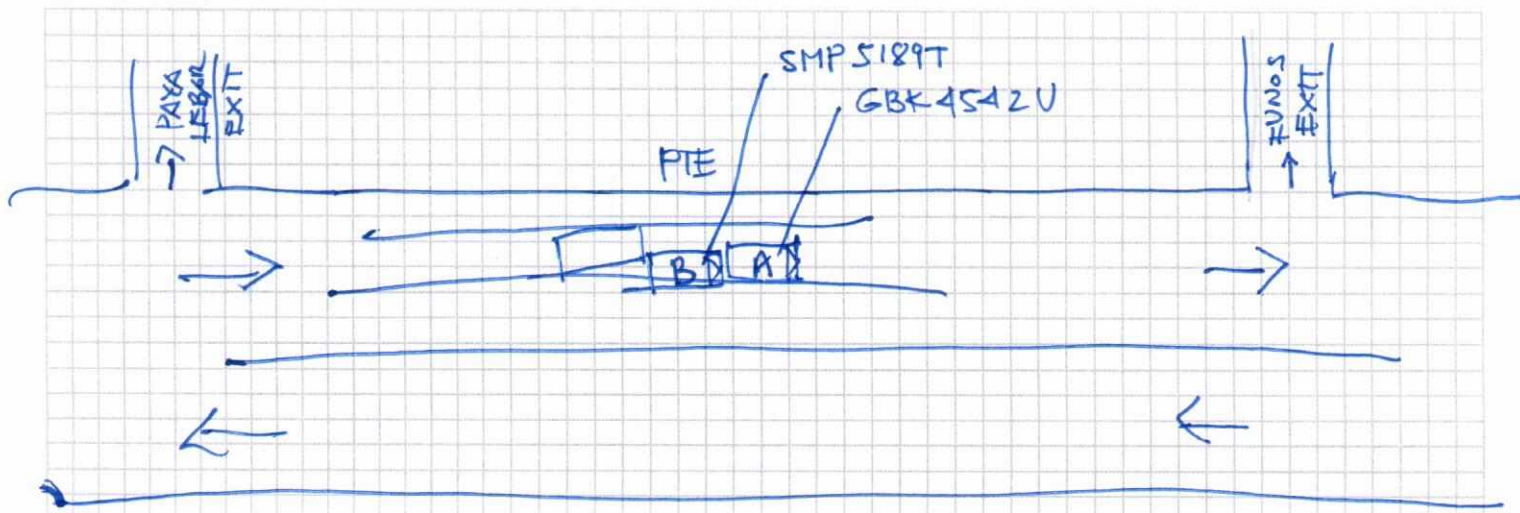


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

I WAS DRIVE ALONG PIE TOWARDS REDOK ON THE SECOND LANE AT AVERAGE SPEED WHEN THE CARS INFRONT OF ME MADE A FULL STOP DUE TO ACCIDENT. I WAS ABLE TO STOP JUST INTIME BUT THE CAR BEHIND ME HIT ME.

**Declaration**

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

Witnessed by Reporting Centre Personnel

19/08/2021 2:22PM

19/08/2021



## ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 08 / 2021) (DD/MM/YYYY), TIME: (7:15 PM) (HHMM)

LOCATION: PIE C BET PAYA LEBAR - EJUNOS EXIT

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 4542U  
b) INSURANCE COMPANY: CHINA TAIPIING  
c) POLICY NUMBER: DMCVS NW 0001666 2100  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN NY 200  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: TRANSPAW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 53428158C CONTACT: 98464073  
c) ADDRESS: 38 WOODLEIGH PARK SINGAPORE 357836

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: VERGARA ALBERT RONALD CALMA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57384953E CONTACT: 98464073  
c) ADDRESS: 38 WOODLEIGH PARK SINGAPORE 357836

\* d) DATE OF BIRTH: (13 / 05 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1 MARCH 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AFTER RAIN

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 5189T MODEL:  
b) DRIVER'S NAME: MOHAMED FAISAL BIN MOHAMED SAIM  
c) NRIC/FIN/PASSPORT: S8734417C CONTACT: 910 69150

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email: TRANSPAW@YAHOO.COM

VIDEO



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

MZ300/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)

E SN

AN0597A

Cov. Type:C

CERTIFICATE No.	DMCVSNW00016662100	Engine No.: HR16168626D Cha. No.: VM20157121
1. Index Mark and Registration Number of Vehicle	GBK4542U	AUTOSAFE =====
2. Name of Policy Holder	TRANSPAW	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/02/2021 (13:18:29)	Excess Sect I, SS\$450.00 EX ON WINDSCREEN. SS\$100.00
4. Date of Expiry of Insurance	06/02/2022	

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.

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 drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD

\* 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

  
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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