

# 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 .....	04/10/2021 18:38 (SGT)
Date of Accident .....	02/10/2021 10:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	RAFFLES QUAY JUNCTION TOWARDS SHENTON WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKT8294E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RADEN MUHAMMAD BIN RADEN SALLEH
NRIC No .....	SXXXX070D
Email Address .....	MIYA.ONG93@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97952572
Alternative Phone No .....	(Office) +65-97952572

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1798

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMHCSNWW00007792100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	RADEN SALEH BIN RADEN ABDUL HAMID
NRIC No .....	SXXXX787A

Date Of Birth .....	25/05/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	09/07/1981
Driving experience .....	40 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97952572
Alt. Phone Number .....	-
Email Address .....	MIYA.ONG93@GMAIL.COM
Address .....	BLK 745 WOODLANDS CIRCLE
Address complement .....	#04-754
Postcode .....	730745
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	BUGNESWARY KALAISELVAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20211002/7022

#### 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 .....	SHA2500K
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RADEN SALEH BIN RADEN ABDUL HAMID
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKT8294E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	BUGNESWARY KALAISELVAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKT8294E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

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### 6. 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.

*[Signature]*

Policyholder's Signature / Date & Time

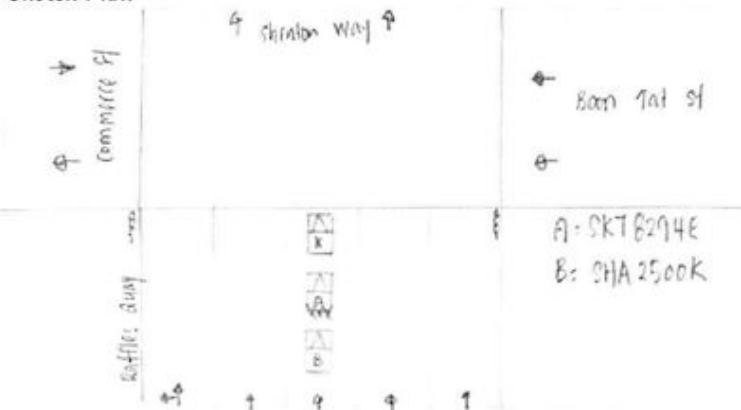
*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel

### Sketch Plan



*[Signature]*

Refn to polg Hdw NO: 7/22/002/2022 July

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

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

Witnessed by Reporting Centre Personnel

















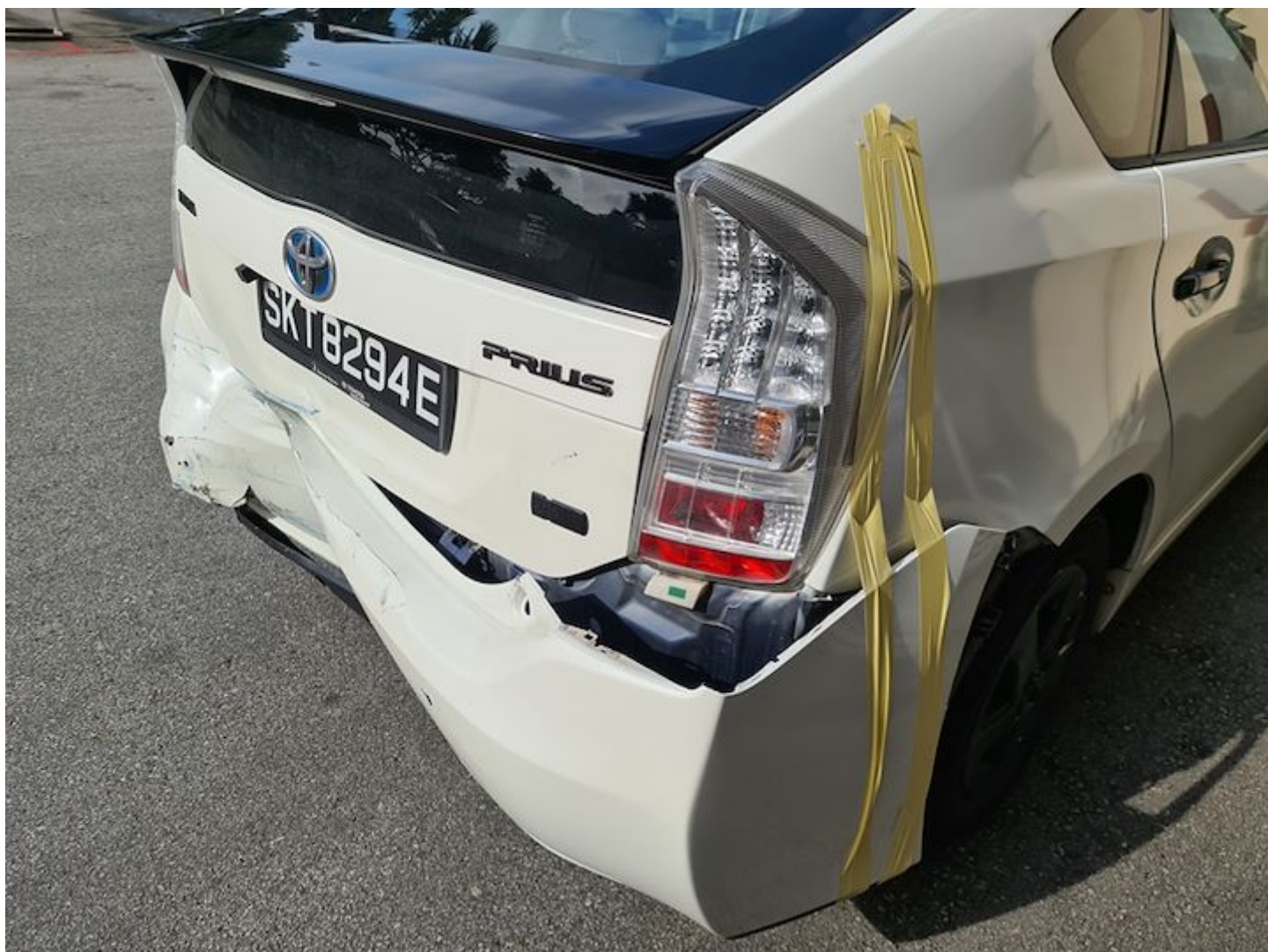






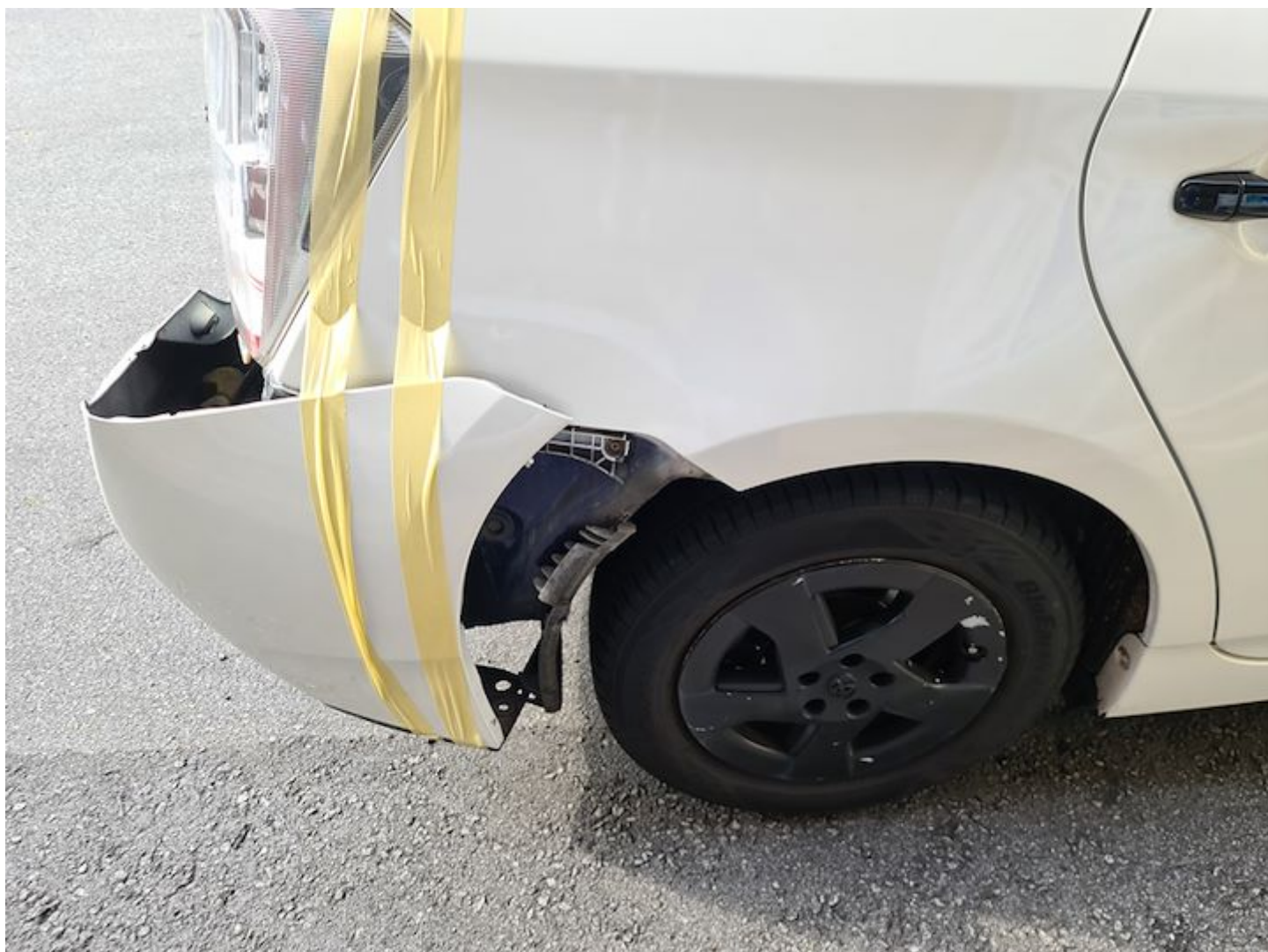






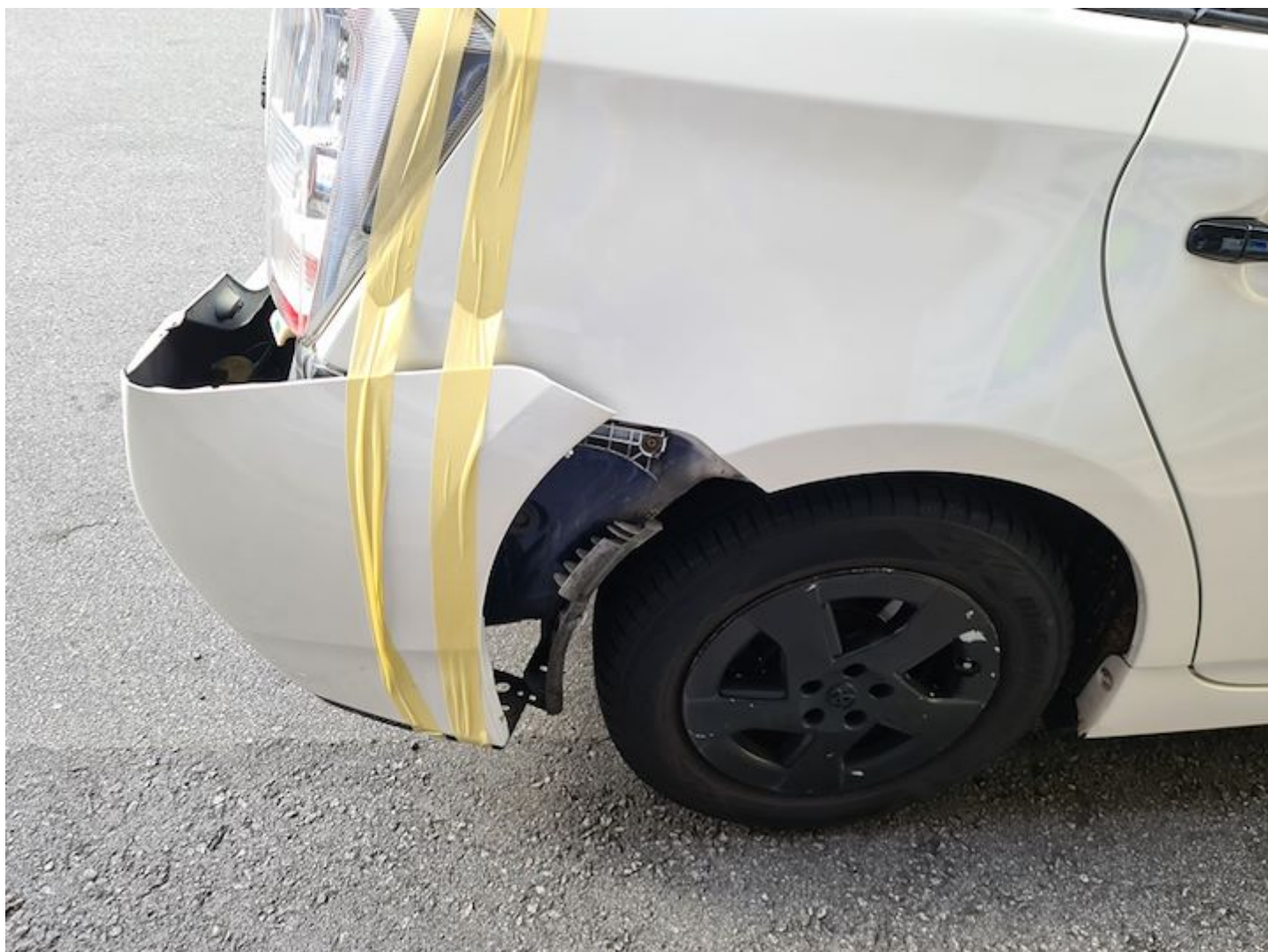
























**SINGAPORE  
POLICE FORCE**



T/20211002/7022

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20211002/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/10/2021 14:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RADEN SALEH BIN RADEN ABDUL HAMID			Address: 745 WOODLANDS CIRCLE #04-754 SINGAPORE 730745		
ID Type / ID No.: NRIC NO / S1484787A			Contact No.: Home/Office:		Mobile: 97952572
Nationality: SINGAPORE CITIZEN			Email: radensaleh250561@gmail.com		
Sex: Male	Age: 60	Date of Birth: 25/05/1961	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/10/2021 10:15	Type of Location: X-Junction
Location:  RAFFLES QUAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA2500K	COMFORTDE LGRO TAXI	TOYOTA	PRIUS	Blue		2
SKT8294E	Car	TOYOTA	PRIUS AUTO			1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20211002/7022

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20211002/7022

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT8294E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000077 92100	04/08/2021	29/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RADEN SALEH BIN RADEN ABDUL HAMID	ID No.	S1484787A
Related Vehicle	SKT8294E (Car)	Contact No.	97952572
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4 Date of Expiry: NIL
Date	02/10/2021	Date	02/10/2021
No. of Days granted Medical Leave	04	Degree of	Slight

## Brief Details.

I(SKT8294E) was stopped at a stationary position at Raffles Quay towards Shenton Way at the 3rd lane of 5 lanes as the traffic light was red.

Suddenly, I felt a huge impact from behind. Veh "b" (SHA2500K) collided into the rear portion of my vehicle and caused damage.

After the incident, I felt discomfort and went to Healthplus Clinic & Surgery to seek medical treatment and was given 04 days MC by a doctor.