





## 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	SXXXXX070D
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	SXXXXX787A

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

### IMPORTANT NOTICE

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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.

### 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

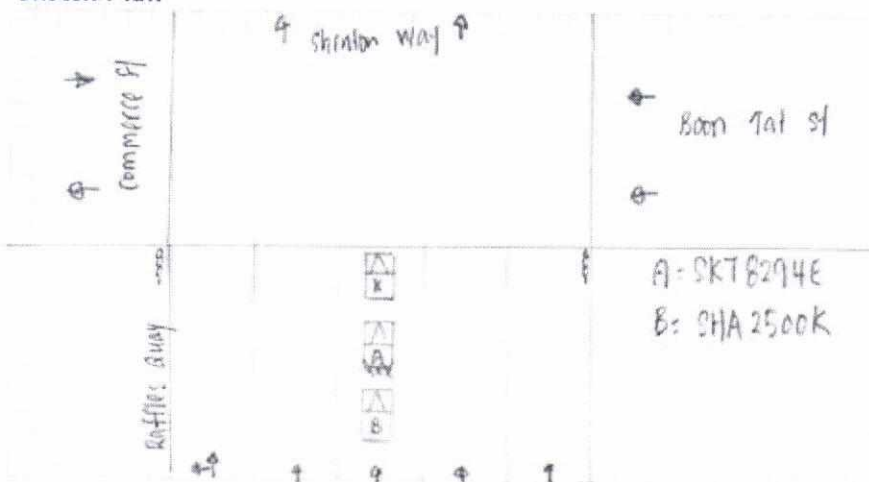
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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**

Ref to police report No: 7/2021/002/2022 

**Declaration**

I/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



VEHICLE NO: SKT8294E

MAKE &amp; MODEL : Toyota Prius

AUTO / MANUAL

DATE OF ACCIDENT	02 / 10 / 2011	AM / PM	798
TIME OF ACCIDENT	1015		
LOCATION OF ACCIDENT	Raffles Quay Junction towards Shenton Way		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Raden Muhammad Bin Raden Saleh	Email: MIYA.ON693@GMAIL.COM	
TELP NO		Mobile: 9795-2872	Office: Home:
NRIC		SB9438701	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO ?		
INSURANCE CO.	Chima Tripping		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO	DMHCSNW00007792100		
NAME OF DRIVER	AS ABOVE	IF NO: Raden Saleh Bin Raden Abdul Hamid	
NRIC	S1484767A		
DATE OF BIRTH	25 / 03 / 1961		
ANY PASSENGER	YES / NO : 01		
NAME OF PASSENGER	Bugneswary Kalaiselvan		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	09 / 07 / 1981		
GENDER	Male / Female		
CONTACT NO	Mobile: 9795-2872	Office: Home:	
EMAIL	MIYA.ON693@GMAIL.COM		
ADDRESS	Blk 743 Woodlands Circle #04-754 S(730945)		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER.	
RELATIONSHIP	Employee / If No, Parent.		
WEATHER CONDITION	Clear / Raining / Other.		
ROAD SURFACE	Dry / Wet / Other.		
ANY INJURIES	No / If yes, Who? Raden Saleh Bin Raden Abdul Hamid.		
CONTACT NO.	Who? Bugneswary Kalaiselvan (F)		
POLICE REPORT	No / If yes, Where? Traffic police, ubi		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?		
VEHICLE B NO.	SHA2500K	Any Passenger : 02	
NAME			
CONTACT NO.			
VEHICLE C NO.		Any Passenger :	
VEHICLE D NO.		Any Passenger :	
VEHICLE E NO.		Any Passenger :	
VEHICLE F NO.		Any Passenger :	
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		

NEW HOCK TECK MOTOR PTE LTD

Email: admin@nhtmotor.com / yunli@nhtmotor.com

Tel: 6747 9241





# SINGAPORE POLICE FORCE



T/20211002/7022

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

1 of 3

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

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

2 of 3

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.



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 Hire Car

MZ406L/8

E SN

BR0138A

Car Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1966  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00007792100

Engine No. 2ZR4587386

Chassis No. JTDKN38U405114933

1. Index Mark and Registration  
Number of Vehicle

SKT8294E

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

RADEN MUHAMMAD BIN RADEN SALEH

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

04/08/2021  
(00:00:00)

Excess Sect I \$S1,250.00

Excess Sect I (Outside Singapore) \$S2,500.00

Excess Sect II \$S1,250.00

4. Date of Expiry of Insurance

29/07/2022

Excess Sect II (Outside Singapore) \$S2,500.00

EX ON WINDSCREEN \$S100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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

RADEN MUHAMMAD BIN RADEN SALEH

RADEN SALEH BIN RADEN ABUL HAMID

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.

HIRE PURCHASE CO. LIEN CHONG ENTERPRISES PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) 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 185) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Yeo Kok Wei Joel  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208334E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

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