

# 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 .....	06/10/2021 14:00 (SGT)
Date of Accident .....	02/10/2021 14:35 (SGT)
Exact Location of Accident .....	Upper Serangoon Rd, Singapore
Additional Location Information .....	Towards Hougang Ave 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV4729K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ABDULLAH BIN ABDUL WAHEE
NRIC No .....	S7818593G
Email Address .....	AASIMWAFEEQ@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88401407
Alternative Phone No .....	+65-88401407

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	318i
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 .....	1995

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00199482100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ABDULLAH BIN ABDUL WAHEE
NRIC No .....	S7818593G

Date Of Birth .....	05/07/1978
Occupation .....	Outdoor
Date Of Driving Pass .....	26/10/2015
Driving experience .....	6 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88401407
Alt. Phone Number .....	+65-88401407
Email Address .....	AASIMWAFEEQ@GMAIL.COM
Address .....	BLK 313 HOUGANG AVE 5 #06-155
Address complement .....	-
Postcode .....	S530313
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 - Change/cross lane
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) .....	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? .....	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

#### REFER TO POLICE REPORT

#### 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 .....	SHD7092Y
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 ..... -  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -


SKETCH PLANIMPORTANT NOTICE

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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. The 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 lodgment 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:

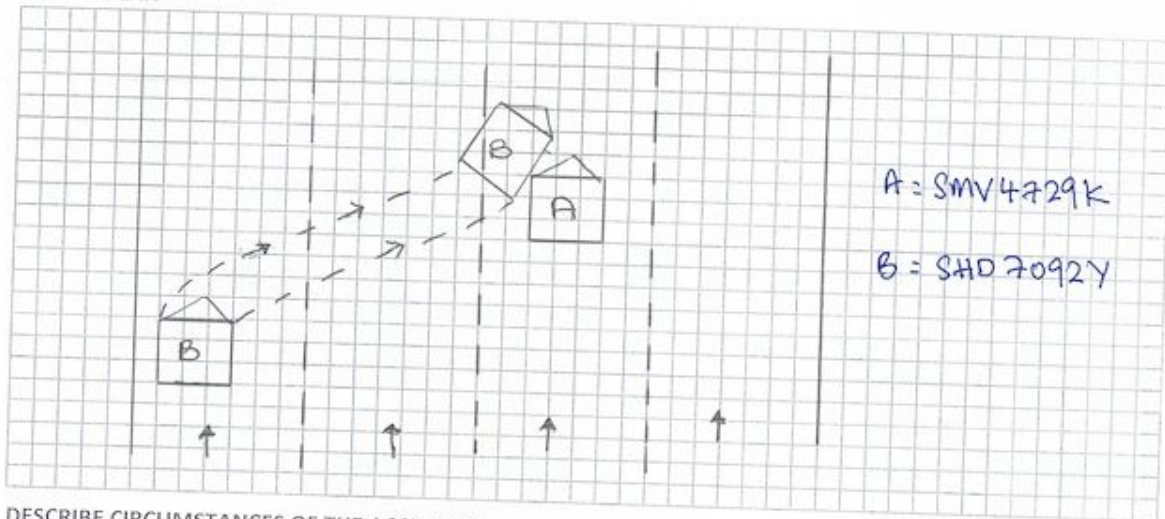
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

*ADDN*

Policyholder's Signature  
Date & Time:

*ADDN*

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

*Sh*

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



中国太平保险 (新加坡) 有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

N SN

AN0008A

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.	DMPCSNW00199482100	Engine No.: B744I834N46B20BZ Cha. No. WBAPF72020A794123
1. Index Mark and Registration Number of Vehicle	SMV4729K	AUTOSAFE *****
2. Name of Policy Holder	ABDULLAH BIN ABDUL WAHEE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/09/2021 (14:09:15)	Named Drivers Ex Sect. I      S\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25      S\$3,000.00 Ex Sect. I - Age >= 26      S\$500.00 * Age as at date of accident EX ON WINDSCREEN      S\$100.00
4. Date of Expiry of Insurance	26/09/2022	
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 S\$1,000 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. : BENEFIT AUTO ENTERPRISE 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: ALPINE FINANCIAL 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



















































**SINGAPORE  
POLICE FORCE**



T/20211004/7023

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

1 of 3

Report No. T/20211004/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2021 15:53	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ABDULLAH BIN ABDUL WAHEE			Address: 313 HOUGANG AVENUE 5 #06-155 SINGAPORE 530313		
ID Type / ID No.: NRIC NO / S7818593G			Contact No.: Home/Office: Mobile: 89434730		
Nationality: MALAYSIAN			Email: AASIMWAFEEQ@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 05/07/1978	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Logistic Supervisor			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2021 14:35	Type of Location: X-Junction
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD7092Y	Taxi			Blue	Slightly Damaged	0
SMV4729K	Car	BMW	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL	Green	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20211004/7023

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

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Report No. T/20211004/7023

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV4729K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001994 82100	27/09/2021	26/09/2022

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDULLAH BIN ABDUL WAHEE		ID No. S7818593G
Related Vehicle	SMV4729K (Car)		Contact No. 89434730
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ BUANGKOK PTE LTD		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	02/10/2021		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the 2nd of October 2021 at about 2.35 pm, while I was driving along Upper Serangoon Road towards the direction of Hougang Avenue 5. I was travelling on the 2nd Lane when all of a sudden, a motortaxi number SHD 7092 Y which was travelling on the 4th Lane of the same road suddenly cut into the 3rd Lane and the 2nd Lane in which my motorcar was travelling and the said motortaxi hit onto my fender on the left side near my front tyre. The motortaxi did not stop immediately and moved forward and I gave chase and stopped him at about 40-50 metres. As a result of the motortaxi knocking onto my motorcar, I also suffered injuries to my neck and back. The motortaxi driver wanted to settle for my damages but I refuse to accept as I felt pain on my neck and back and wish to see a doctor. I asked for exchange of his NRIC and driving license but the taxi driver refused to give it to me. I went to see a doctor at Prohealth Clinic and was given 3 days of MC. I now wish to claim for my injuries and damages to my motorcar.



**SINGAPORE  
POLICE FORCE**

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



T/20211004/7023

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Report No. T/20211004/7023

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/10/2021 15:53

Classification Of Case: