





## 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	29/10/2021 17:24 (SGT)
Date of Accident	23/10/2021 21:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	VICTORIA STREET TOWARDS OPHIR ROAD BEFORE ARAB STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9160M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SYLLYS AUTO PTE LTD
Company Reg No	2XXXXX359K
Email Address	CS8558CS@GMAIL.COM
Mobile Phone No	(Phone) +65-87601727
Alternative Phone No	(Office) +65-87601727

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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 hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007022100
Cover Note Number	-

#### DRIVER

Name of Driver	SHATRIYAN RAJ S/O KUNALAN
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NRIC No	SXXXX588F
Date Of Birth	17/12/1999
Occupation	Outdoor
Date Of Driving Pass	08/01/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87601727
Alt. Phone Number	-
Email Address	CS8558CS@GMAIL.COM
Address	BLK 616 WOODLANDS AVE 4
Address complement	#07-561
Postcode	730616
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

#### 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	SJQ4164B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	.....	-



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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 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' 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.

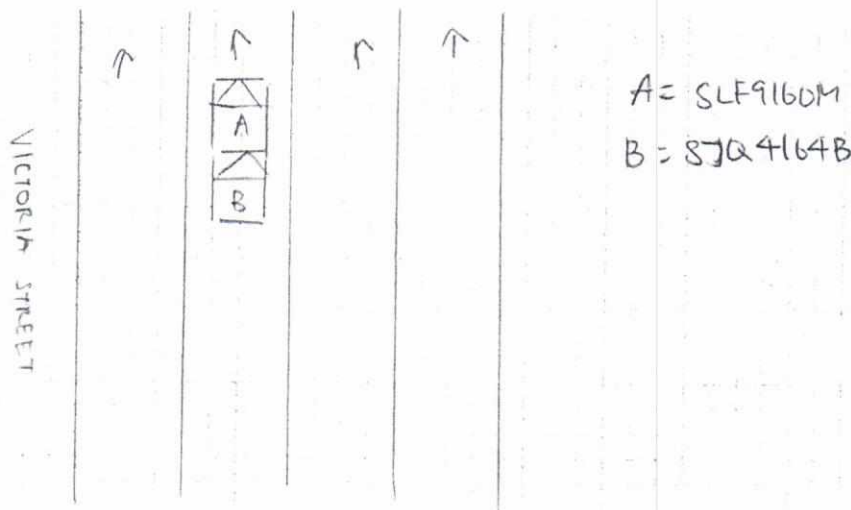


Policyholder's Signature / Date & Time

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 TRAVELLING ALONG VICTORIA STREET TOWARDS  
SPHIR ROAD.  
THE VEHICLE IN FRONT OF ME JAMMED BRAKE SUDDENLY.  
I WAS ABLE TO STOP IN TIME BUT THE ~~CAR~~ <sup>B</sup>VEHICLE BEHIND ME  
BANG INTO ME.

VEHICLE A: SCF9160M

VEHICLE B: SJG4164B

Declaration

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



Policyholder's Signature / Date &  
Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre  
Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 23 / 10 / 2021 (dd/mm/yy)

Time of Accident: 021 : 15 (24-HR-FORMAT)

Vehicle No.: SLF9160M Vehicle Make & Model / Engine (cc): Private Hire: (Y/N)

Exact location of Accident: VICTORIA STREET TOWARDS DPMK ROAD BEFORE ARAB STREET

Policyholder's Name / IC No. Syllgs Auto Pte Ltd ROC/UEN (Company) 200634359K

Driver's Name / IC No.: SHATRILAN RAJ S/O KUNALAN S9941588F (As Above) ☐

Driver's Contact No.: 8760 1727 Company Contact No / Owner Contact No:

Driver's Address: BLK 616 WOODLANDS AVENUE 4 #07-SL1 SINGAPORE 730616

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: China Taiping

Driver Email address:

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

\*No. of Passengers (Including Driver): 0

\*Passenger Name: Gender: Male / Female x( )

\*Passenger Name: Gender: Male / Female x( )

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks:

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☒ Yes / ☒ No (If YES) Which Police Station: Woodlands Div HQ

### The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SJQ4164B

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

\*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:





**SINGAPORE  
POLICE FORCE**



L/20211026/7033

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20211026/7033

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 26/10/2021 15:38	Vide Report No.	Station Diary No.
Name Of Informant SHATRIYAN RAJ S/O KUNALAN	Address 616 WOODLANDS AVENUE 4 #07-561 SINGAPORE 730616	
ID Type / ID No. NRIC NO / S9941588F	Contact No. Home/Office:	Mobile: 87601727
Nationality SINGAPORE CITIZEN	Email Address SHATRIYANRAJKUNALAN@gmail.COM	
Occupation National Service Full Time	Sex Male	Age 21
Institution/School Name	Date of Birth 17/12/1999	Race Indian
Date/Time Of Incident 18/10/2021 11:00 - 26/10/2021 14:00	Location Of Incident 616 WOODLANDS AVENUE 4 #07-561 SINGAPORE 730616	

**Brief details.**

Good afternoon,

My name is shatriyan raj

I misplaced my license a few days back. I got into accident recently and will have to make a report to do a insurance claim. I lost it at little india but am not sure where at.

**Subjects Involved**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
26/10/2021 15:38

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



L/20211026/7033

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211026/7033

Victim			
Person Name	SHATRIYAN RAJ S/O KUNALAN		
ID Type	NRIC NO	ID No	S9941588F
Gender	Male	Age	21
Race	Indian	Language	English
Occupation	National Service Full Time	Address	616 WOODLANDS AVENUE 4 #07-561 SINGAPORE 730616
Mobile No	87601727	Is Informant A Victim?	Yes
Person Name	SHATRIYAN RAJ S/O KUNALAN (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
26/10/2021 15:38

Classification Of Case:



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

MZ407

N SN

AN0567A

Cov. Type: T

**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	DMHCSNW00007022100	Engine No.: 2NR6650713	Cha No: NRE1610019924
1 Index Mark and Registration Number of Vehicle	SLF9160M		
2 Name of Policy Holder	SYLLYS AUTO PTE LTD		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18/07/2021 (00.00.00)	Excess Sect. II	S\$1,250.00
		Excess Sect. II (Outside Singapore).	S\$2,500.00
4 Date of Expiry of Insurance	17/07/2022		
5 Persons or Classes of Persons entitled to drive*	Any employee or any person who is driving with 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 for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes.  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		

\* 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 those 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: AUTOSHIELD 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

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