

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	29/06/2022 16:16 (SGT)
Reported by	Both
Date of Accident	28/06/2022 07:25 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE @ LAMPOST 162 (33KM)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX4475G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YUNAN BIN RAWI
NRIC No	SXXXX349G
Email Address	yunanrawi@gmail.com
Mobile Phone No	(Phone) +65-84933994
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00000042200

DRIVER

Name of Driver	YUNAN BIN RAWI
NRIC No	SXXXX349G
Date Of Birth	10/12/1965
Occupation	Outdoor

Date Of Driving Pass	11/09/1989
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84933994
Alt. Phone Number	-
Email Address	yunanrawi@gmail.com
Address	BLK 274 YISHUN STREET 22 #07-152
Address complement	-
Postcode	760274
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JTS2846
Vehicle Category	Motorcycle

PASSENGER 1

Name	YEN CI
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 T/20220628/7022

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTS2846
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	BONG YOU LIANG
Passport No/FIN	9XXXXXX5553
Contact Number	-
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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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.

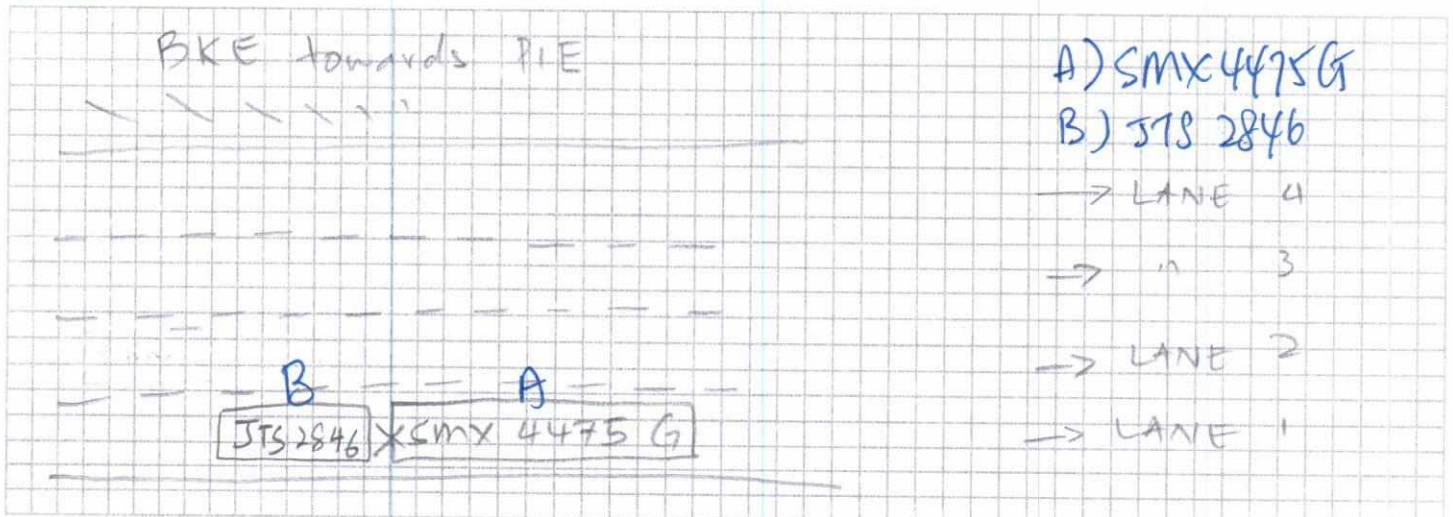
Up 29/6/22 1515

Policyholder's Signature / Date & Time

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

W 29/06/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20220628/7022


Declaration

We declare the foregoing particulars are true in every respect.

 29/6/22 1515

Policyholder's Signature / Date &
Time

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

 29/06/2022

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220628/7022

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

1 of 3

Report No. T/20220628/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2022 14:12	Vide Report No.: F/20220628/0057	Station Diary No.:
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Informant's Particulars

Name of Informant: YUNAN BIN RAWI			Address: 274 YISHUN STREET 22 #07-152 SINGAPORE 760274		
ID Type / ID No.: NRIC NO / S1687349G			Contact No.: Home/Office: Mobile: 84933994		
Nationality: SINGAPORE CITIZEN			Email: YUNANRAWI@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 10/12/1965	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 28/06/2022 07:25	Type of Location: Straight Road
Location: BKE towards PIE				
Lamp Post Number: 162				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
JTS2846	Motorcycle			Blue	Slightly Damaged	0
SMX4475G	Car	HONDA	shuttle	Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220628/7022

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

2 of 3

Report No. T/20220628/7022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YEN CI	ID No.	NIL
Related Vehicle	SMX4475G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	YUNAN BIN RAWI	ID No.	S1687349G
Related Vehicle	SMX4475G (Car)	Contact No.	84933994
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 28/06/2022 at about 0725hrs, I was at BKE towards PIE at the second lane. I signal right wanting to change to first lane, I observe the first lane was clear to change, when changing lane suddenly a malaysia motorcycle(JTS2846) hit my right rear of my car. Shortly after EMAS and Traffic police came to scene, I left the scene to send my passenger then the IO called me to meet the traffic police at daily farm. Traffic police took my SD card and advise to me lodge the report.



**SINGAPORE
POLICE FORCE**



T/20220628/7022

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

3 of 3

Report No. T/20220628/7022

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

This report is lodged at Yishun North NPC Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
28/06/2022 14:12

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 28.06.2022 (DD/MM/YYYY), TIME: 0725 (HH:MM)

LOCATION: BKE Towards PIE @ lampost 182 (3.3 km)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMX 4475G
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA SHUTTLE
 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: YUNAN BAK ROWI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 84933994
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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: 575 2846 MODEL: MOTORCYCLE
 b) DRIVER'S NAME: BONG YAU LIANG
 c) NRIC/FIN/PASSPORT: 98122005773 CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = YUNANROWI@GMAIL.COM
 VIDEO



**SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP**

Ref: Report No: F/20220628/0057

I, Sgt 3 TO9700 Imran Nasoha

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of PP Traffic Police

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One 32GB SanDisk Ultra micro SD card

2

3

4

5

6

7

8

9

10

from Yunan Bin Rawi, S1687349G, Sⁿ 97897713

(Name, NRIC or Passport No. / Rank and No.)

of Blk 274 Yishun St 22 #07-152 S(760274)

(Address / Police Station / NPC / NPP)

on 28/6/2022

(Date)

at 0948hrs

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

(Signature)

Yunan Bin Rawi, S1687349G

(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

Sgt 3 TO9700 Imran

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Esmond Plaza, 65476200

Location: BKE(PF) 33km L/P 162



Motor Hire Car

MZ406L/B

N SN

AN0444A

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.

DMHCSNW0000042200

Engine No.: L15B6021317

Cha. No.: GK82101116

1. Index Mark and Registration
Number of Vehicle

SMX4475G

AUTOSAFE

=====

2. Name of Policy Holder

YUNAN BIN RAWI

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

13/01/2022
(00:00:00)

Excess Sect I . \$S1,250.00

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

Excess Sect. II \$S1,250.00

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

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

12/01/2023

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.

YUNAN BIN RAWI

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.: CASHWELL CREDIT 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: META AGENCY PTE LTD
Authorised Officer

杨亚美

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: suaf22670002 Vehicle Registration No: SMX 4475G
Name (as shown in NRIC): YUNAN BEN BOWI NRIC/FIN/Passport No: Sxxx x 3499
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore)
Contact (Tel): _____ Mobile No.: 84933994
Email Address: _____
Date of Accident: 24/06/2022 Time of Accident: 07:25
Place of Accident: BKE TOWARDS PKE
Insurance Company: Chua Jor Puch

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

FOREIGN VEHICLE 1 NUMBER TO JTS 246

Policyholder / Driver's Signature
Date:

30/06/2022
Reporting Centre Personnel's Signature
Name: Rohi
NRIC/FIN No.: UATM03
Date: