# 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 witholding 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 03/08/2022 17:09 (SGT) Reported by Date of Accident 03/08/2022 11:30 (SGT) Exact Location of Accident Paterson Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP7842K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner J & CO ENGINEERING PTE LTD Company Reg No 201416656K Email Address sham@avenue.com.sq Mobile Phone No (Phone) +65-94655964 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer Hino Model XZU710R 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? Yes Vehicle Category Commercial vehicle Transmission Manual 4009

## INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNA00026672202

## DRIVER

Name of Driver Adaikkalam Raja Passport No/FIN G2407934T Date Of Birth 03/06/1988 Occupation Outdoor

Date Of Driving Pass	14/01/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84081815
Alt, Phone Number	-
Email Address	sham@avenue.com.sg
Address	C/O No 2 Sungei Kadut Street 4
	C/O No 2 Sunger Kadut Street 4
Address complement	-
Postcode	729032
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
,	-
Insurance Company of Other Vehicle Owned by Driver	-
OFNEDAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
riodu ouridec	vvei
OTHER INFORMATION	
Was any faraign vahials involved in the assident?	A.I.
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
Translator's name	•
Translator's ID	
Translator's phone number	-
	-
Translator's email	-
Original language used in the statement	-
DETAILS OF POLICE ACTION	
DETAILS OF FOLIOL ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	
	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
CINCOMSTANCES OF ACCIDENT	
Please refer to the sketch plan.	
ATTACHMENTO)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
and any made supraised by Sair Sairioid?	HV .
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vahiola Dagistration Number	CLIDCAGOV
Vehicle Registration Number	S III 16 7:711 V
	SHD6320X
Vehicle Manufacturer	-

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)	-

#### SKETCH PLAN

## 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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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:

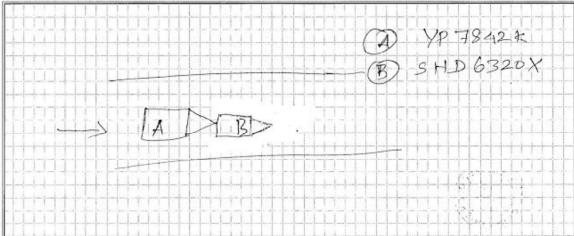
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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-Invyecs/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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) SOH JIT HOON

## Sketch Plan



cribe Circumstance of the Accident					
Please	vefer to	report	(S/D	Ref: 36	
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1919					
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Declaration

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

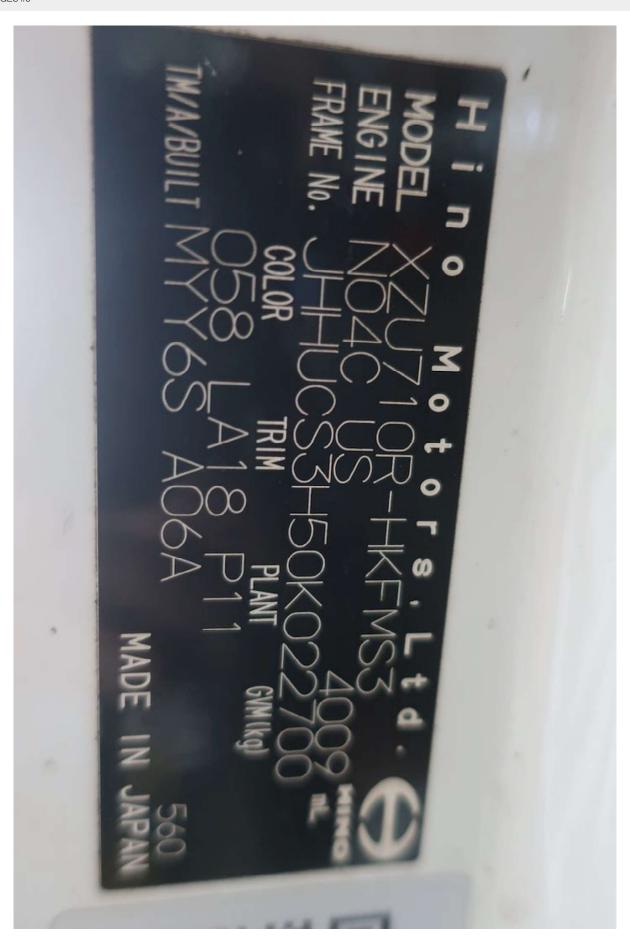
Witnessed by Reporting Centre Personnel
(Name as in NRIC/IID card) SOH TIT HOON
2











Annex D

## NOTICE OF REPORTING

This is to confirm that Adaikkalam Raja, NRIC: G2407934T, has reported to the Police a non-injury traffic accident which occurred along Paterson Road on 03/08/2022 @1130hrs involving the following vehicles: YP7842K and SHD6320X

On 03/08/2022 at around 1130hrs, it was raining, and road surface is wet. I was driving vehicle (YP7842K) along Paterson Rd. Infront of my vehicle is a Taxi (SHD6320X), when the traffic light turns red, the vehicle (SHD6320X) did a sudden brake, and I could not stop in time and collided to it. No one was injured during the accident

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (2) Jasmine

Date: 03/08/2022 Time: 1352hrs

S/D Ref: 36

Police Post/Unit: Choa Chu Kang NPC

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

Choa Chu Kang NPC 20 Choa Chu Kang **St 5**2 #01-02 Singapore 68**9**286 Tel: 1800-765 9999 Fax: 6767 3651



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

BR0057A Cov. Type:C

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950 Road Tirreport Act, 1957 (Makaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Ma

CERTIFICATE No.

DMCVSNA00026672202

Engine No.: N04CUS34593

Cha. No.: JHHUCS3H50K022700

1. Index Mark and Registration

YP7842K

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

J & CO ENGINEERING PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00) (00:00:00)

Excess Sect I. EX ON WINDSCREEN .

\$\$600.00 S\$100,00

19/02/2023

5. Persons or Classes of Persons entitled to drive\* Any person who is driving on 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

陳保險總紀私營有限公司 YAN INSURANCE BROKERS PTE LTD 3A/5A Aliwai Street, Chenn Leonn Building Singapore 199896

www.tib.com.sg Tel: (65) 6742 6766 Fax: (65) 6742 6669

6. Limitations as to use:\*

(1) Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social, domestic or pleasure purposes.

The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing 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 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: Tan Jia Hwei
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

★3 Anson Road #16-00 Springleaf Tower Singapore 079909

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