





## 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 Actual 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	15/09/2022 17:22 (SGT)
Reported by	Both
Date of Accident	14/09/2022 07:50 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	TURNING RIGHT INTO THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8366E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD AZELI BIN AHWAN
NRIC No	SXXXX232H
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-98579323
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	Private hire
Transmission	Auto
CC	2487

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00012032200

#### DRIVER

Name of Driver	MOHAMAD AZELI BIN AHWAN
NRIC No	SXXXX232H
Date Of Birth	31/07/1972
Occupation	Outdoor

Date Of Driving Pass	11/11/1991
Driving experience	30 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98579323
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	32 SEGAR ROAD #02-20
Address complement	-
Postcode	677722
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	-

#### PASSENGER 1

Name	LAILA
Gender	Female

#### PASSENGER 2

Name	IZZAH
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB3133X
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	RAMACHANDRAN NITHIYANANDHAM
Passport No/FIN	GXXXX164R
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.
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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 Traffic Police Department for investigation.**
6. 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.
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

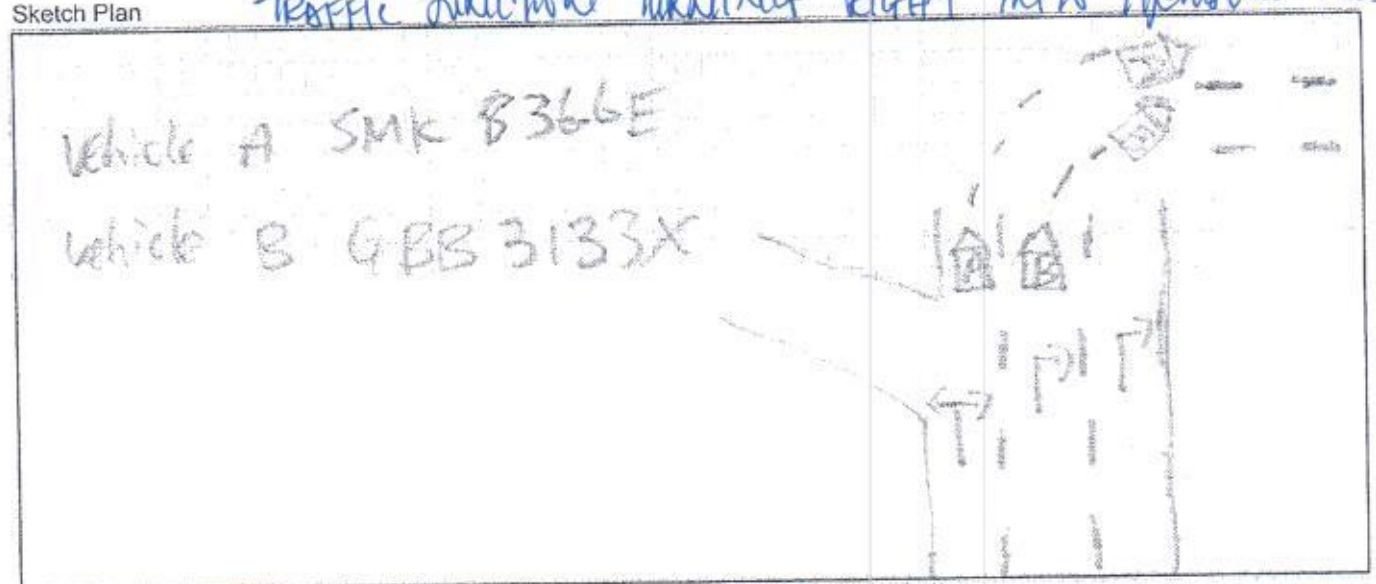
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On 14/09/2022 about 07-50 Am morning. My vehicle was stationary stopped at Thomson Road traffic light Junction waiting green light to turn right towards Thomson Road. Green light in favour to turn so I turn right and driving in my lane 3rd lane on the left. vehicle B "G8B 3133X" on my right side 2nd lane change lane into my lane and collided onto my rear right car portion with impact quite ~~to~~ Bad. There is no one injured.

Declaration

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

*As*

Policyholder's Signature / Date & Time

*As*

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

*As* 15/09/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT DATE & LOCATION

Date & Time of Accident *	Date: 14/09/2022	Time: 07.50 AM (24 hr format)
Exact Location of Accident *	Traffic light Junction turning Right towards Thomson Road	

# INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SMK 8366 E	Make & Type *: TOYOTA CAMRY HYBRID
Name of Registered Owner *	MuHAMAD AZELI BIN AHWAN	
NRIC / FIN / Passport / Co Regn No. *	S7226232H	
Contact Number *	9857 9323	Email/Fax No: Winson_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken	
INSURANCE COMPANY (OWN VEHICLE)	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American	
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No. (Certificate No.) / Cover Note No.	DMHC SN W 000 12032200	

# DRIVER

Name of Driver *	MuHAMAD AZELI BIN AHWAN	Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S7226232H	
Date of Birth *	31/07/1972 (dd/mm/yyyy)	
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	11/11/1991	
Contact Number *	9857 9323	
Address	32 Sejer Road # 02-20 S(677722)	
Email Address / Fax Number *	Email: Winson_tingwei@hotmail.com Fax: —	
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others:	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	

# GENERAL INFORMATION OF THE ACCIDENT

Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:

# OTHER INFORMATION

Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes

# DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom?
Number of Passengers (Including DRIVER)? *	(03)
Passengers	Name: LAILA Name: IZZAH Gender: Male / <input checked="" type="checkbox"/> Female Gender: Male / <input checked="" type="checkbox"/> Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="checkbox"/> No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number *	1) GBB 3133X	2)
Vehicle Make / Model / Colour	TOYOTA HIACE VAN / white	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	RAMACHANDRAN NITHIYANANDHAM	
NRIC/Passport Number	<del>G 653</del> G 6544164 R	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		





Motor Hire Car

MZ406L/B

N SN

BR0128A

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.

DMHCSNW00012032200

Engine No.: A25A5026658

Chs. No.: AXVH701032199

1. Index Mark and Registration  
Number of Vehicle

SMK8366E

AUTOSAFE

2. Name of Policy Holder

MOHAMAD AZELI BIN AHWAN

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

12/07/2022  
(00:00:00)

Excess Sect I . SS1,250.00

Excess Sect. I (Outside Singapore) SS2,500.00

Excess Sect. II SS1,250.00

Excess Sect.II (Outside Singapore). SS2,500.00

EX ON WINDSCREEN , SS100.00

4. Date of Expiry of Insurance

11/07/2023

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.

MOHAMAD AZELI BIN AHWAN

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. : TAI THONG LEE TDG (PTE) LTD

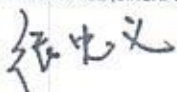
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings

**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: G&M PTE LTD  
Authorised Officer

  
Authorised Signatory