





## 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	14/02/2023 17:44 (SGT)
Reported by	Driver
Date of Accident	11/02/2023 09:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	51 GRANGE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7122X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WORLDWIDE MARINE ELECTRICAL PTE LTD
Company Reg No	2XXXXX066G
Email Address	sales@vagrantsteel.com
Mobile Phone No	(Phone) +65-91898871
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83be6srdea
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2977

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00021632201

#### DRIVER

Name of Driver	DAS SYAMOL
Passport No/FIN	GXXXX944K
Date Of Birth	08/09/1975
Occupation	Outdoor

Date Of Driving Pass .....	03/01/2017
Driving experience .....	6 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81765013
Alt. Phone Number .....	-
Email Address .....	sales@vagrantsteel.com
Address .....	BLUE STARS DORMITORY, 3 KIAN TECK LANE
Address complement .....	-
Postcode .....	627844
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 .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 THE ATTACHED STATEMENT

#### 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 .....	SMZ1897G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-91117697

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

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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 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 submission of this report to the insurers, you hereby consent to the archiving of this report of the details and copies of the report being made available.

1. I declare that the information that I provided is true and correct to the best of my knowledge.

2. I declare that I am the Policyholder or the Actual Driver of the vehicle involved in the accident. I am aware that any false information provided to the insurers may result in the insurers repudiating the policy liability. I understand that the insurers may refer the matter to the Traffic Police Department for investigation. I understand that the insurers may refer the matter to the Traffic Police Department for investigation. I understand that the insurers may refer the matter to the Traffic Police Department for investigation.

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Byarnat 13/2/23

gmuulh 14/02/2023

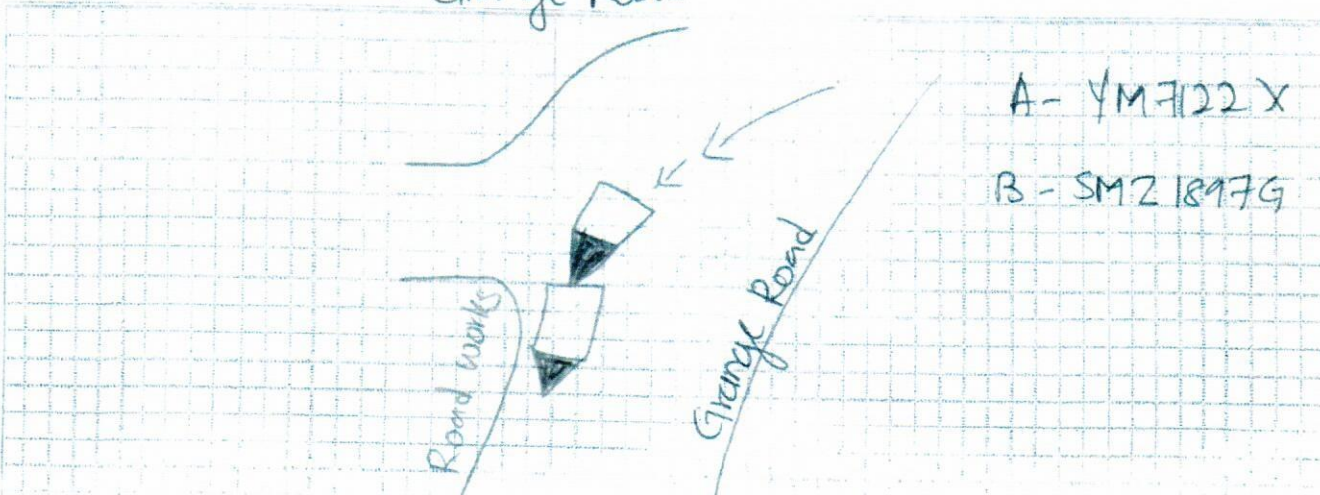
Policyholder's Signature (Indemnify and hold the insurers harmless)

Policyholder's Signature (Indemnify and hold the insurers harmless)

Witnessed by Receiving Centre Personnel (Name as in NRIC Card)

Sketch Plan

51 Grange Road



Describe Circumstance of the Accident:

I was travelling along Grange Road at the above stated date and time. Vehicle B is stationary on the 1st lane and I hit on his rear portion of the vehicle.

Declaration

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



Policyholders Signature / Date & Time

*[Signature]*

Byermol 13/2/23

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

*[Signature]* 14/02/2023

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 02 / 2023 (DD/MM/YYYY), TIME: 09:38 (HH:MM)

LOCATION: 51 Grange Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 7122X  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMCVSNW00021632201  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mitsubishi F83be6srdea Auto (MANUAL)  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working time  
 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: worldwide Marine Electrical Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2006190669 CONTACT: 9189 8871  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: Das Syamol (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G7864944K CONTACT: 8176 5013  
 c) ADDRESS: Blue Stars Dormitory, 3 Kien Teck Lane, S 627844

\* d) DATE OF BIRTH: 08 / 09 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 03/01/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental Leasing

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling  
 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: SM2 1897G MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91117697

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Sales@vagranttel.com

Email = dassyamol1975@icloud.com

Fax = \_\_\_\_\_

Video = NO

Motor Commercial

MZ300/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)

E SN

AN0598A

Cov. Type:F

CERTIFICATE No.

DMCVSNW00021632201

Engine No.: 4M42A46973

Cha. No.: FE83BEA10271

1. Index Mark and Registration  
Number of Vehicle

YM7122X

2. Name of Policy Holder

WORLDWIDE MARINE ELECTRICAL PTE LTD

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

01/03/2022

(00:00:00)

4. Date of Expiry of Insurance

31/07/2023

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 Vehicle.

6. Limitations as to use:\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) 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: SECUTRUST INSURANCE AGENCY PTE

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