



## 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	23/02/2023 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 11:40 (SGT)
Exact Location of Accident	515 Bedok North Ave 2, Singapore 460515
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2070P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD KHALIL BIN HASSAN
NRIC No	SXXXX779H
Email Address	mdkhalil996@yahoo.com.sg
Mobile Phone No	(Phone) +65-98630630
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008962200

#### DRIVER

Name of Driver	MOHAMMAD KHALIL BIN HASSAN
NRIC No	SXXXX779H
Date Of Birth	15/08/1974
Occupation	Outdoor

Date Of Driving Pass .....	15/05/1992
Driving experience .....	30 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98630630
Alt. Phone Number .....	-
Email Address .....	mdkhalil996@yahoo.com.sg
Address .....	BLK 645 WOODLANDS RING ROAD #04-08
Address complement .....	-
Postcode .....	730645
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 - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	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 SKETCH PLAN AND POLICE REPORT T/20230223/7187

#### 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 .....	GBK8746Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMMAD KHALIL BIN HASSAN
Gender .....	Male
Phone No .....	(Phone) +65-98630630
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMC2070P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

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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)

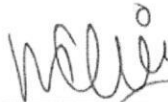
I understand, acknowledge, agree and consent that :

(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.



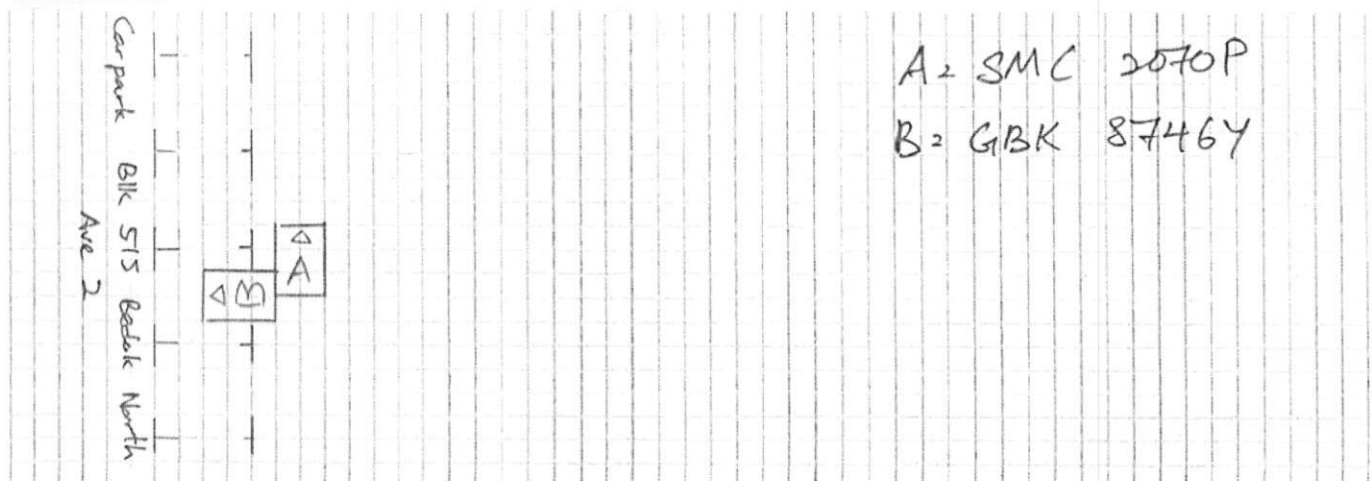
Policyholder's Signature / Date & Time



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

  
28/08/2023  
Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

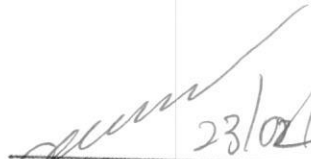
On 28.02.2023 about 1140hrs. I was travelling in Carpark  
Blk 515 Bedok North Ave 2. I saw the vehicle B start to  
reverse when my vehicle (front portion) is behind him then I  
try to horn want warning he but he haven't heard just  
reverse. In the time, I have move my vehicle go front avoid  
collision but still having a crash.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

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

 23/02/2023  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20230223/7187

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

1 of 3

Report No. T/20230223/7187

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2023 21:04		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD KHALIL BIN HASSAN			Address: 645 WOODLANDS RING ROAD #04-08 SINGAPORE 730645		
ID Type / ID No.: NRIC NO / S7425779H			Contact No.: Home/Office: Mobile: 98630630		
Nationality: SINGAPORE CITIZEN			Email: DATO_K@LIVE.COM.SG		
Sex: Male	Age: 48	Date of Birth: 15/08/1974	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2023 11:40	Type of Location: Car Park
Location:  BEDOK NORTH AVENUE 2				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Reversing into side passenger door				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK8746Y	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230223/7187

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

2 of 3

Report No. T/20230223/7187

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	MOHAMMAD KHALIL BIN HASSAN		ID No.	S7425779H
Related Vehicle	GBK8746Y (Car)		Contact No.	98630630
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	23/02/2023
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

On 23/2/23 at 11.40am I was driving at the carpark near blk 515 Bedok North Ave 2. While i was travelling towards my destination, suddenly a van reversed when the front portion of my car is behind the the van. The van was parked head on first at the carpark.

I sound my horn to warn him but the van still proceeded to reverse. The van hit the left passenger door, left rear wheel and the rear left portion of my car. I was given 5 days MC as a result of the accident.



**SINGAPORE  
POLICE FORCE**



T/20230223/7187

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

3 of 3

Report No. T/20230223/7187

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
23/02/2023 21:04

Classification Of Case:

Date of Accident : 23.02.2023 Accident Time : 1140hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Blk 515 bedok north ave 2

Vehicle No (Car Plate No) : MC 2070P Make/Model: Toyota Prius Alpha Hybrid 1.8S

Insurance Company : China Taiping Policy No: DMHCSNW00608962200

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Mohammad Khalil Bin Hassan (S7425779H)

Owner Contact No : 9863 0630 Owner's Hp - Company Tel -

Driver Name / IC No : As above

Driver's Date of Birth : 15 Aug 1974 Driver's License Pass Date: 15 May 1992

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : 645 Woodlands Ring Road #04-08 S 730645

Driver's Contact No : 1) - 2) -

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : mdkhalil996@yahoo.com.sg

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 Driver

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : No

Other Party Driver's Particular (if any)

VEH B : <u>GBK 8746Y</u>	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

\*NEW - Passenger's Name & Gender:

*Waleed*



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

MZ406L/B

N SN

AN0721A

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.

DMHCSNW00008962200

Engine No.: 2ZR0B79384

Cha. No.: ZVW400029636

1. Index Mark and Registration  
Number of Vehicle

SMC2070P

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

MOHAMMAD KHALIL BIN HASSAN

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

01/06/2022  
(00:00:00)

Excess Sect I .

SS\$1,250.00

Excess Sect. I (Outside Singapore)

SS\$2,500.00

Excess Sect. II

SS\$1,250.00

Excess Sect.II (Outside Singapore).

SS\$2,500.00

EX ON WINDSCREEN .

SS\$100.00

4. Date of Expiry of Insurance

31/05/2023

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.

MOHAMMAD KHALIL BIN HASSAN

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. : BENEFIT AUTO ENTERPRISE 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: Chua Suat Lay Sally  
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

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SN08232N 0004 Vehicle Registration No : SMC 2070P  
Name (as shown in NRIC) : Mohammad Khalil Bin Hassan NRIC/FIN/Passport No : S7425779H  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : 645 Woodlands Ring Road #04-08 Singapore (730645)  
Contact (Tel) : - Mobile No. : 9863 0630  
Email Address : mdkhalil 996 @ yahoo .com .sg  
Date of Accident : 23.02.2023 Time of Accident : 1140hrs  
Place of Accident : Blk 515 bedok north ave 2 (carpark)  
Insurance Company : China Taiping

**(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:

name of owner : Mohammad Khalid Bin Hassan change  
Mohammad Khalil Bin Hassan  
Injured in the accident : 1 Driver  
Add police report

[Signature]  
Policyholder / Driver's Signature  
Date:

24/02/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: [Signature]  
Date: