

NATIONAL Assessment Centre Services. (n.d.).



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	03/04/2023 16:41 (SGT)
Reported by	Actual Driver
Date of Accident	01/04/2023 00:20 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	BEFORE LORONG 27 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY2501T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CONINT PTE LTD
Company Reg No	1XXXXX001M
Email Address	mickelrajsanthiagu3679@gmail.com
Mobile Phone No	(Phone) +65-88187063
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00007062307

DRIVER

Name of Driver	SEPASTHY MICKELRAJ SANTHIARAJ
Passport No/FIN	GXXXX315X
Date Of Birth	03/06/1979
Occupation	Outdoor

Date Of Driving Pass	10/04/2010
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-83554315
Alt. Phone Number	-
Email Address	mickelrajsantheta3679@gmail.com
Address	57 UBI CRESCENT #04-04
Address complement	-
Postcode	408596
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	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 POLICE REPORT T/20230401/7040

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	FBU5931X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	SEPASTHY MICKELRAJ SANTHIARAJ
Gender	Male
Phone No	(Phone) +65-83554315
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	GY2501T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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6. 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 insurers 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

Manning

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

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

Sketch Plan

The sketch plan is drawn on a grid. It shows a road layout with a vertical line on the left labeled 'S 14-15' and 'RVE'. A horizontal line intersects this vertical line. A vehicle labeled 'A' is shown on the horizontal line, with a driver labeled 'B' indicated by a circle and an arrow pointing to the vehicle. There are four arrows pointing upwards along the horizontal line, indicating the direction of travel.

A: 642501T
B: FRUS31X

Describe Circumstance of the Accident

Refer to police Report No: T/20230401/7040

Declaration

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



Policyholder's Signature / Date & Time

M. M. M. M.

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

[Signature]
03/04/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

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



T/20230401/7040

2 of 3

Report No. T/20230401/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEPASTHY MICKELRAJ SANTHIAGU	ID No.	G7395315X
Related Vehicle	GY2501T (Lorry)	Contact No.	83554315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT IN MY OWN LANE. OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR. I WENT DOWN AND SAW FBU5931X KNOCKED ONTO THE REAR PORTION OF MY VEHICLE. THE RIDER WAS CONVEYED. I FELT PAIN AFTER THE ACCIDENT AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM A DOCTOR AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**

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



T/20230401/7040

3 of 3

Report No. T/20230401/7040

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 /
MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476083

This report is lodged at Traffic Police 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:
01/04/2023 15:44

Classification Of Case:

7

VEHICLE NO: 642561T

MAKE & MODEL: BUENA DYNA.

AUTO/MANUAL

DATE OF ACCIDENT	01 / 04 / 23.	C.C. 2500
TIME OF ACCIDENT	0020 AM / PM	
LOCATION OF ACCIDENT	Sims Ave Ref W/L 27 Geylang.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	CONINT PTE LTD.	
EMAIL	OFFICE:	MOBILE: 8818 7063
NRIC	199904001m.	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO.	
INCURANCE CO.	Chia Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	PMCVSNW0000 7062307	
NAME OF DRIVER	AS ABOVE / IF NO: . SEPASTHY MICKELRAJ SANTHIA GU	
NRIC	67395315X.	
DATE OF BIRTH	03 / 06 / 79.	
ANY PASSENGER	YES / NO: DRIVER ONLY.	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE.	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	10 / 09 / 10.	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile 83554315.	Office: Home:
EMAIL	mickelraj.santhiagu3679@gmail.com	
ADDRESS	57 UBI CRESCENT #104-09 5(408596)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? DRIVER - VEH A - SERIOUS.	
CONTACT NO.		
ROLICE REPORT	NO / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	FBU 5931 X.	Any Passenger: RIDER ONLY.
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO.	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO.	



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 Commercial

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)

MZ300/C

R SN

AN0056A

Cov. Type:F

CERTIFICATE No.

DMCVSNW00007062307

Engine No.: 5L5567356

Cha. No.: JTFUF34Y403010165

1. Index Mark and Registration
Number of Vehicle

GY2501T

2. Name of Policy Holder

CONINT PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00.00.00)
Ordinance or Enactment

04/02/2023

4. Date of Expiry of Insurance

03/02/2024

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: _____ DAGLEN GI PTE LTD

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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☎ 6222 1033

🌐 www.sg.cntaiping.com