

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	15/05/2023 16:23 (SGT)
Reported by	Actual Driver
Date of Accident	12/05/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY (BEFORE ALEXANDRA EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5747R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PERFECTGOH LIMO
Company Reg No	53134498C
Email Address	simonlaw76@gmail.com
Mobile Phone No	(Phone) +65-83829927
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00001062300

DRIVER

Name of Driver	MOHAMMAD NAZRIN BIN TAJUDIN
NRIC No	S7907137D
Date Of Birth	06/03/1979
Occupation	Outdoor

Date Of Driving Pass	02/07/2012
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98340440
Alt. Phone Number	-
Email Address	simonlaw76@gmail.com
Address	APT BLK 201B TAMPINES STREET 21
Address complement	# 04-1083
Postcode	522201
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	SAEVAAL MEENAKSHI D/O SUBRAMANIAM
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 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	SHC8347L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

Describe Circumstance of the Accident

Refer to Attached

Declaration

I/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

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

On 12.05.2023 at about 17:00 hours along AYE towards City (Before Alexandra Exit), I was travelling straight on lane at the above mentioned location and when the front vehicle (B) suddenly stopped, I could not stopped in time hence collided onto the front vehicle (B).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): PC 5747R

Vehicle (B): SHC 8347L





































Land Transport Authority

Serial No. A08618

Name: Mohammad Nazrin Bin TajudinNRIC: 57907137D**TEMPORARY BUS DRIVER'S VOCATIONAL LICENCE (PRIVATE HIRE BUS/EXCURSION BUS/SCHOOL BUS)**

1. You have passed the vocational licence competency test and are now granted a Bus Driver's Vocational Licence (BDVL) which qualifies you to drive a private hire bus/excursion bus/school bus.

BDVL Commencement Date: 030423

2. This Temporary BDVL must be displayed in your bus* at all times when you are driving.
3. This Temporary BDVL will be valid from the BDVL Commencement Date. LTA will send the Vocational Licence card to you via registered mail, which will replace this Temporary BDVL. Please display your Vocational Licence card in your private hire bus/excursion bus/school bus.

*Bus type as specified in S/N 1.

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore

This Temporary BDVL is handed to you by Alan Quek (centre officer name), Assit. chief instr. (centre officer designation),
of comfortable driving (centre name).
Centre