





## 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	01/06/2023 17:25 (SGT)
Reported by	Actual Driver
Date of Accident	31/05/2023 15:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE BUKIT TIMAH ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6015M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AMCOWELD INC. PTE. LTD.
Company Reg No	2XXXXX547G
Email Address	ac@amcoweld.com.sg
Mobile Phone No	(Phone) +65-90919595
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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	1560

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00139802200

### DRIVER

Name of Driver	MARIADOSS AROCKIARAJ
Passport No/FIN	GXXXX781R
Date Of Birth	10/05/1976
Occupation	Outdoor

Date Of Driving Pass	21/10/2009
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90919595
Alt. Phone Number	-
Email Address	ac@amcoweld.com.sg
Address	BLK 93 PAYA LEBAR WAY #07-3037
Address complement	-
Postcode	370093
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)	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 STATEMENT AND ATTACHMENT

#### 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	SMR6270Z
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)	.....	-



## SKETCH PLAN

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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 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

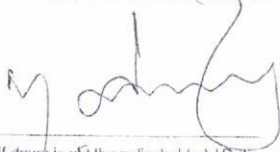
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(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

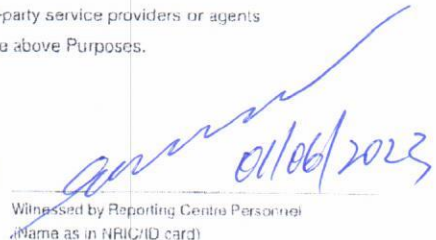
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

- Refer to attached statement. -

Describe Circumstance of the Accident

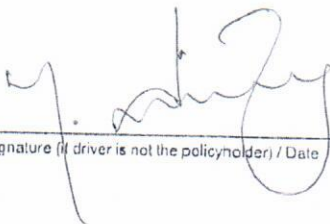
Refer to attached statement. —

Declaration

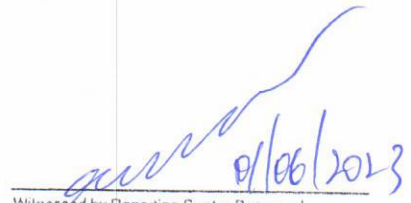
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

  
01/06/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

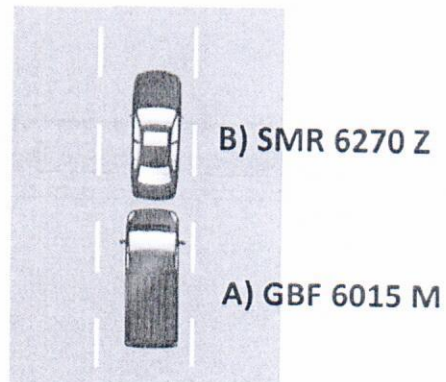
Accident Date: 31/05/2023


Accident Time: 15:10 Hr


Location: PIE towards Tuas before Bukit Timah Exit

Vehicle           A) GBF 6015 M  
                      B) SMR 6270 Z

On 31/05/2023, at around 3:10 p.m., I was driving my company vehicle, GBF 6015 M, in the second lane of PIE towards Tuas. Suddenly, the vehicle SMR 6270 Z in front of me applied its brakes, and I immediately applied mine as well. My company vehicle GBF 6015 M number plate had minor touch with the vehicle SMR 6270 Z in front. Nobody was injured. I would like to highlight my company vehicle GBF6015M front left bumper was spoilt which was not caused by this accident.



  
Mariadoss Arockiaraj

  
01/06/2023



Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	31/05/2023
Time of Accident:	15:10Hr
Exact Location:	PIE towards Tuas before Bukit Timah Exit

DETAILS OF OWN VEHICLE	
Vehicle Registration No.	GBF 615M
NRIC / FIN / Passport no:	200407547G
Name of Registered Owner:	Amcomeld Inc. Pte Ltd
Owner's Email:	ac@amcomeld.com.sg
Owner's Address:	15 Changi North Street 1 #01-28 Singapore 498765
Vehicle Make:	Peugeot
Vehicle Model:	Partner 1.6 HDI
Engine Capacity (cc):	1560cc
Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / <u>Reporting Only</u>
Vehicle Category:	Private / <u>Commercial</u> / Motorcycle / Private Hire
Name of Insurance Co:	China Taiping Insurance
Type of Policy:	<u>Comprehensive</u> / Third Party / Third Party, Fire & Theft
Policy Number:	DMCVSNW00139802200

DRIVER	
Name of Driver:	Mariadoss Arockiaraj
NRIC / FIN / Passport no:	G8236781K
Date of Birth:	10/05/1976
Occupation:	Indoor / <u>Outdoor</u>
Driving Pass Date:	21/10/2009
Contact Number:	90919595
Gender:	<u>Male</u> / Female
Address:	Blk 93 Paya Lebar Way #07-3037 Singapore 370093
Relationship with Owner:	Owner / <u>Employee</u> / Spouse / Child / Hirer / Other:
Translator Name:	
Translator NRIC:	
Translator Contact no:	
Translator email:	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swipe / <u>Front to Rear</u> / Others:
Weather Condition:	<u>Clear</u> / Raining / Others:
Road Surface:	<u>Dry</u> / Wet
Video available:	Yes / <u>No</u>
Was anybody injured?	Yes / <u>No</u>
Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	0

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMR 6270Z		
Vehicle Make / Model:	-		
Name of Driver:	Wang Huanjie		
NRIC / FIN / Passport no:	G6340421M		
Contact Number:	93231416		
Name of Insurance Co:	-		

DETAILS OF WITNESS	
Name:	
Contact Info:	

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time



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)

N SN

AN0740A

Cov. Type C

CERTIFICATE No.

DMCVSNW00139802200

Engine No.: 10JBFR0024181

Cha. No.: VF37F9HF8GJ770196

1. Index Mark and Registration  
Number of Vehicle

GBF6015M

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

AMCOWELD INC. PTE. LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

30/12/2022

Excess Sect I. S\$450.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

29/12/2023

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

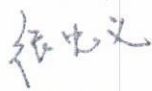
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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: TATCO ENTERPRISE  
Authorised Officer  
Authorised SignatoryChina 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

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**GBF6015M**

Make / Model  
**PEUGEOT / PARTNER 1.6 HDI ETG LWB**

Vehicle Type :

**A50 - Goods (Closed) Van/Van Panel (Delivery)**

Vehicle Scheme :

**Normal**

Propellant :

**Diesel**

Motor No. :

-

Power Rating :

-

Maximum Laden Weight :

**2160 kg**

Year Of Manufacture :

**2016**

Lifespan Expiry Date :

**29 Dec 2036**

PQP Paid :

**\$42,016.00**

Road Tax Expiry Date :

**29 Dec 2023**

Inspection Due Date :

**29 Dec 2023**

CO2 Emission :

**122.00 (g/km)**

CO Emission :

-

NOx Emission :

-

Vehicle Attachment 1 :

**No Attachment**

Chassis No. :

**VF37F9HF8GJ770196**

Engine No. :

**10JBFR0024181**

Engine Capacity :

**1560 cc**

Maximum Power Output :

-

Unladen Weight :

**1440 kg**

Original Registration Date :

**30 Dec 2016**

COE Category :

**C - Goods Vehicle & Bus**

COE Expiry Date :

**29 Dec 2026**

PARF Eligibility Expiry Date :

-

Intended Transfer Date :

**02 Jun 2023**

CEV/VES Rebate Utilised Amount :

-

HC Emission :

-

PM Emission :

-