

# 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 .....              | 01/10/2022 14:40 (SGT)     |
| Reported by .....                     | Driver                     |
| Date of Accident .....                | 30/09/2022 23:30 (SGT)     |
| Exact Location of Accident .....      | Clementi Ave 6, Singapore  |
| Additional Location Information ..... | CLEMENTI AVE 6 TOWARDS AYE |
| Country/State of Loss .....           | Singapore                  |

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7475L

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | Yes                        |
| Name Of Registered Owner ..... | MESA TRAVELS (S) PTE. LTD. |
| Company Reg No .....           |                            |
| Email Address .....            |                            |
| Mobile Phone No .....          | (Phone)                    |
| Alternative Phone No .....     | -                          |

### VEHICLE PARTICULARS

|                                                                                    |                               |
|------------------------------------------------------------------------------------|-------------------------------|
| Manufacturer .....                                                                 | Toyota                        |
| Model .....                                                                        | Hiace                         |
| Variant .....                                                                      | HIGH ROOF COMMUTER TURBO AUTO |
| Exact purpose for which vehicle was being used at time of accident .....           | -                             |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party     |
| 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 ..... | DMB1SNW00014932103                            |

### DRIVER

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver ..... | MUHAMMAD HAFFIQ BIN MUHD JOHAN |
| NRIC No .....        |                                |
| Date Of Birth .....  |                                |
| Occupation .....     | Outdoor                        |

|                                                                    |                       |
|--------------------------------------------------------------------|-----------------------|
| Date Of Driving Pass .....                                         | 18/10/2016            |
| Driving experience .....                                           | 5 YEARS AND 11 MONTHS |
| Gender .....                                                       | Male                  |
| Mobile Number .....                                                | (Phone) [REDACTED]    |
| Alt. Phone Number .....                                            | -                     |
| Email Address .....                                                | [REDACTED]            |
| Address .....                                                      | [REDACTED]            |
| Address complement .....                                           | -                     |
| Postcode .....                                                     | [REDACTED]            |
| 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

ON 30/9/2022, AT ABOUT 2330. I WAS DRIVING ALONG CLEMENTI AVE 6 TOWARDS AYE. I WAS GIVING WAY TO OTHER VEHICLE . SUDDENLY VEHICLE B BANGED ONTO MY LEFT PORTION MY VEHICLE.

#### 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 ..... | SHA3595E     |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | Taxi         |
| Name of Driver .....              | ONG ZOON ENG |

|                                               |           |
|-----------------------------------------------|-----------|
| NRIC No .....                                 | SXXXX387D |
| 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****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

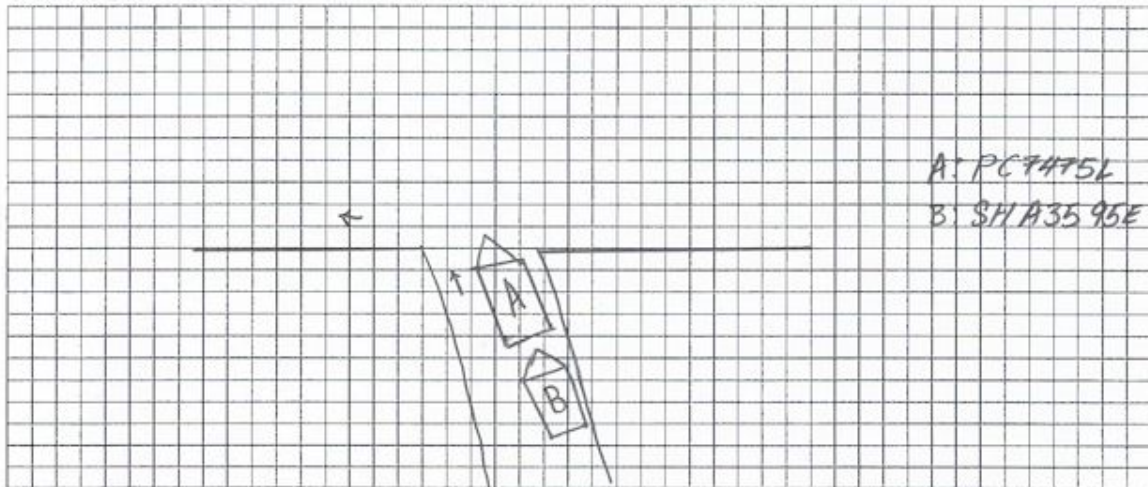


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/9/2022, AT ABOUT 2330, I WAS DRIVING ALONG CLEMENTE AVE & TOWARDS AVE. I WAS GIVING WAY TO OTHER VEHICLE. SUDDENLY VEHICLE <sup>B</sup> RANGED ONTO MY LEFT PORTION OF MY VEHICLE.

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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

R SN

AN0597A

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, 1999 (Malaysia)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                        |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|-----------------------------|
| CERTIFICATE No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DMB1SNW00014932103       | Engine No.: 1KD2827107 | Cha. No.: JTFST22P800038072 |
| 1. Index Mark and Registration Number of Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PC7475L                  | AUTOSAFE               | *****                       |
| 2. Name of Policy Holder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MESA TRAVELS (S) PTE LTD |                        |                             |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13/11/2021<br>(00:00:00) | Excess Sect. I.        | SS\$1,500.00                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Excess Sect. II        | SS\$3,000.00                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | EX ON WINDSCREEN       | SS\$100.00                  |
| 4. Date of Expiry of Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12/11/2022               |                        |                             |
| <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission.<br/>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.</p> |                          |                        |                             |
| <p>6. Limitations as to use:</p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>                                                                                                                               |                          |                        |                             |
| <p>HIRE PURCHASE CO.: ABS FINANCIAL PTE LTD AS HP OWNER</p> <p>* 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.</p>                                                                                                                                                                                                                                                  |                          |                        |                             |

**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: ABS INSURANCE AGENCY 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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