

## 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 .....	Actual 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
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MESA TRAVELS (S) PTE. LTD.
Company Reg No .....	201319027C
Email Address .....	MESASADIK@YAHOO.COM
Mobile Phone No .....	(Phone) +65-96518375
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 .....	S9631104D
Date Of Birth .....	28/08/1996
Occupation .....	Outdoor

Date Of Driving Pass .....	18/10/2016
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87488847
Alt. Phone Number .....	-
Email Address .....	MESASADIK@YAHOO.COM
Address .....	BLK 513 BUKIT BATOK STREET 52 #03-560
Address complement .....	-
Postcode .....	650513
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

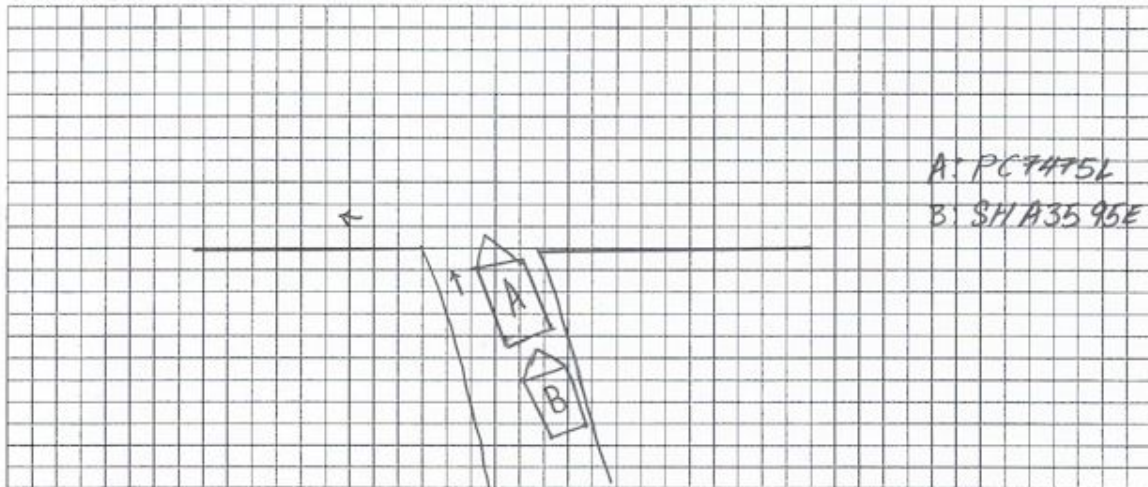
#### DETAILS OF OTHER VEHICLE PROPERTY 1

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

NRIC No .....	S1322387D
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/9/2022, 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

2





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 (00:00:00)	Excess Sect. I.	S\$1,500.00
		Excess Sect. II	S\$3,000.00
		EX ON WINDSCREEN	S\$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. 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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