

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 First Submission	01/11/2024 13:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/10/2024 14:12 (SGT)
Exact Location of Accident	1 HarbourFront Walk, Singapore 098585
Additional Location Information	VIVOCITY CARPARK ENTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK705B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD KAMIS BIN AHMAD
NRIC No	S8338540E
Email Address	CUTEHEROES@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88080863
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017192401

DRIVER

Name of Driver	MOHAMMAD KAMIS BIN AHMAD
NRIC No	S8338540E
Date Of Birth	15/12/1983
Occupation	Outdoor
Driving Pass Date	31/01/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88080863
Alt. Phone Number	-
Email Address	CUTEHEROES@HOTMAIL.COM
Address	BLK 38 TEBAN GARDENS ROAD #02-321
Address complement	-
Postcode	600038
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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)	4
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	FARAHNISA
Gender	Female

PASSENGER 2

Name	SOPHIA
Gender	Female

PASSENGER 3

Name	ASHEL
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

AS I WAS DRIVING STRAIGHT ENTERING INTO THE CARPARK, SUDDENLY VEHICLE B DID NOT CHECK ON ONCOMING TRAFFIC AND CUT INTO MY LANE AND COLLIDED ONTO RIGHT SIDE PORTION.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNG6430A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver IHAV
Contact Number (Phone) +65-96606453
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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

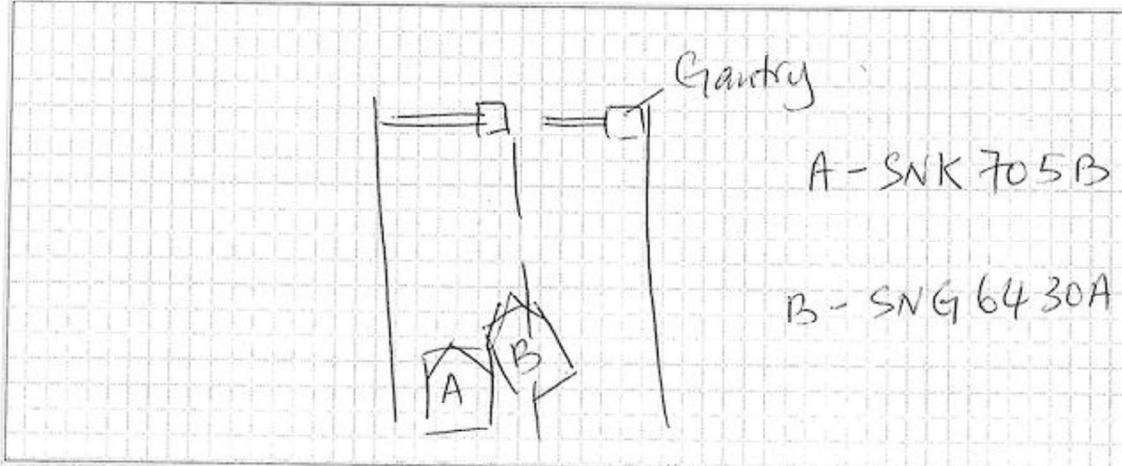
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident

As I was driving straight entering into the carpark, suddenly vehicle B, did not check on coming traffic and cut into my lane and collided onto right side partition.

Video attached.

Declaration

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

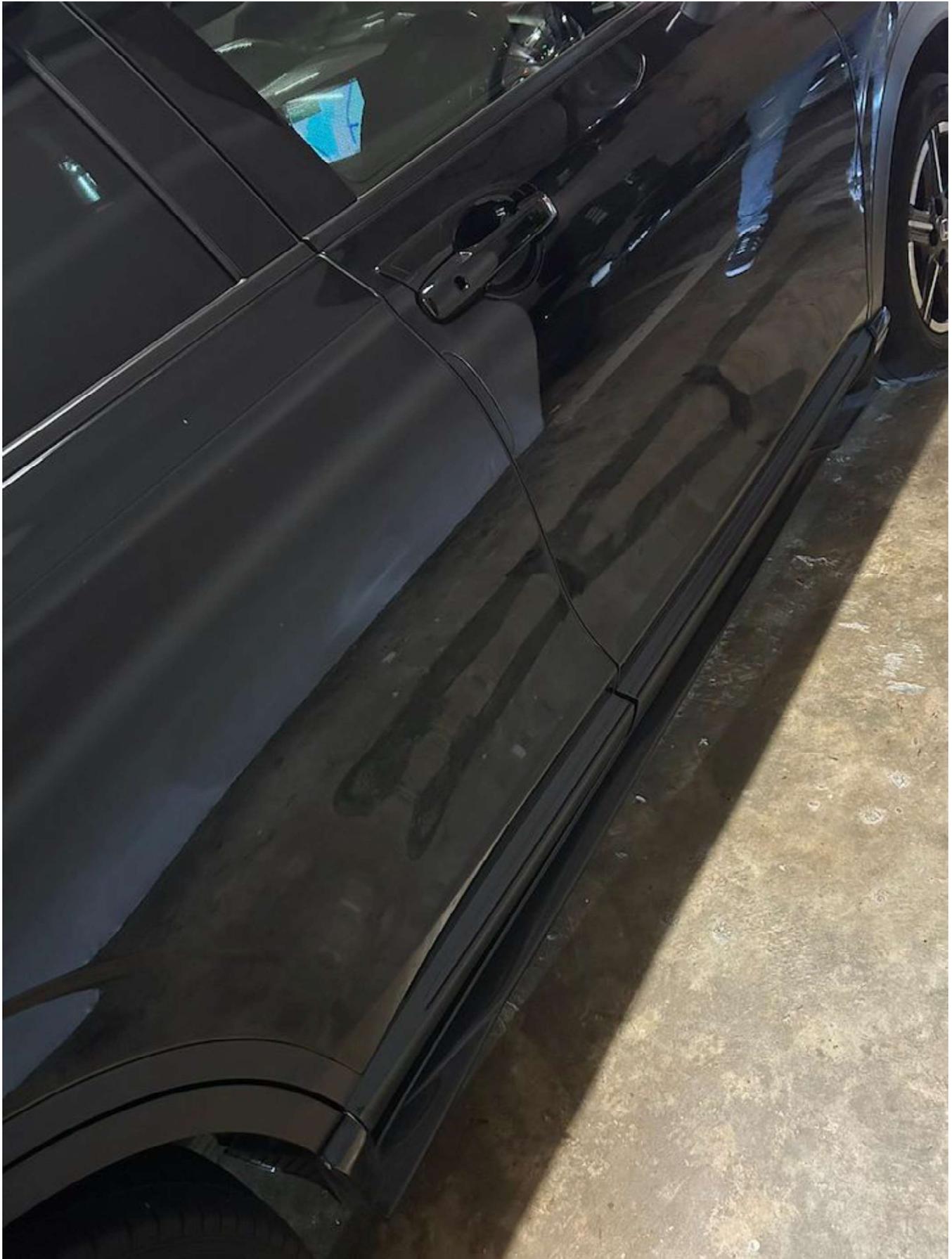


Policyholder's Signature / Date & Time

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

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





























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X24B10007 Vehicle Registration No: SNA705B
 Name (as shown in NRIC): MUHAMMAD KHANIS BIN AHMAD NRIC/FIN/Passport No: Q8228540E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8808 0863
 Email Address: _____

Date of Accident: 21/10/24 Time of Accident: 17:12
 Place of Accident: VIVO CITY CARPARK ENTRY
 Insurance Company: CITICORP

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

gha2022



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

Motor Use Car

CERTIFICATE OF INSURANCE

Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third Party Risks and Compensation) Regulations 1987
Road Transport Act 1987 (Malaysia)
Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 169)

MS006/3

II 014

2187246

Car Type C

CERTIFICATE No.	EMHCSNA0017192801	Engine No.	L152100420
1. Make, Mark and Registration Number of Vehicle	SKODA OCTA	Chassis No.	8V331003364
2. Name of Policyholder	MUHAMMAD KAMIS BIN AHMAD	AUTOSAFE	RENEWAL
3. Effective Date of the Commencement of Insurance for the purposes of the Regulations, Definition of Event(s)	17/09/2024 (00:00:00)	Excess Sect 1 (Outside Singapore)	S\$1,200.00
4. Date of Expiry of Insurance	16/09/2025	Excess Sect 2 (Singapore)	S\$1,200.00
		Excess Sect 3 (Outside Singapore)	S\$2,500.00
		Excess Sect 4 (Singapore)	S\$300.00
5. Persons or Classes of Persons entitled to drive* As per Person(s) named below. Provided that the person driving is licensed in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so licensed and is not disqualified by order of a Court of Law or by order of any authority or regulation in that behalf from driving the Motor Vehicle.			
MUSAWAD KAMIS BIN AHMAD			
6. Limitations as to use*	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social, domestic, pleasure, purposes and business purposes of any persons to whom the vehicle is used. The Policy does not cover: (1) Use for racing, motor-racing, reliability trial or speed-testing. (2) Use whilst driving a motor cycle or other motor vehicle which is not mechanically propelled vehicle.		

HIRE PURCHASE CO - KENSO LEASING PTE LTD
* Limitations rendered inoperative by Section 2 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Section 45 of the Road Transport Act 1987 (Malaysia). We 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: BIBI RAJA
Authorised Officer
China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2002083641)
1 Anson Road #16-00 Springleaf Tower Singapore 079909

[Signature]
Authorised Signatory
6389 6111 6222 1053 www.sg.chnptai.com

IMPORTANT NOTICE
If you sell your motor vehicle this NOTICE is IMPORTANT
And MUST be complied with

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 169), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are aware when they sell a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company concerned. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration in that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 169).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agreed to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.