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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

diorocaid.	
	ACCIDENT STATEMENT
Date Of Report	02/04/2018 17:16
Date Of Accident	29/03/2018 18:10
Exact Location Of Accident	SLIP ROAD OF CHIN SWEE ROAD TOWARDS HAVELOCK ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ1433G
Insured/Policyholder	
Name Of Registered Owner	AMRAN BIN ABDUL SAMAD
NRIC No	S1364910C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90252712
Alternative Phone No	OTHERS-90252712
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3066661700
Cover Note Number	
Driver	

Name of Driver AMRAN BIN ABDUL SAMAD

NRIC No S1364910C Date Of Birth 21/12/1959 Occupation **INDOOR Date Of Driving Pass** 18/09/1985

Driving Experience 32 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90252712

Fax Number

OTHERS-90252712 Contact Number

EMail Address HANCARREPAIRS@GMAIL.COM

BLK 6 TELOK BLANGAH CRESCENT Address

#12-416

Postcode 090006

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 15 COMMONWEALTH AVENUE . POSTCODE: 149725 . Police Station Address

COUNTRY: SINGAPORE

NO

Police Station Contact TEL NO: 1800-4719999 - FAX NO: 64715299

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180402/2157

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP6125H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver **LOKE WING FOO**

NRIC/Passport Number S7400560H Contact Number 98751475

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AMRAN BIN ABDUL SAMAD

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJJ1433G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name SITI SAKINAH BINTE AMRAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJJ1433G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

VEHICLE NO: 55514336 DOA: 29/03/2/8

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful merepresentation 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. 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/suthority (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;
- (Bi) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (Iv) administering my claims (Including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of cartain 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' law yers/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 law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

Policy folder's Signature / Date & Time

Sketch Plan

| April | April

Sketch Plan #2

Jons	My carl	D was	stytionary	along	Stip roa	d of	Chin S	ivee Road
		ck Read			-			
/ Barara	Maven	CAC NEGEN						
Iwas	gluka	way to	vehides	on the	major	rond a	nd the	f curas
when c	rehide (3) come	from be	hind .	and h	ix my	cqu(1)) .
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eclaration								
eciatation								
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1/1/10	U	An	was			01/	02/04	boll
(A)						Con .	colony	
icyholder's Sig ne	gnature / Date &	Driver's Signs	ature (if driver is	not the policy h	older) / Date		by Reportin	ig Centre
() OWN		u ille				Personnel		





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 4 Report No. T/20180402/2157

REPORT	OF A TRAFFI	C ACCIDENT					
Date/Time Report Made: - 02/04/2018 19:06			Vide Report No.:	Station Diary No.			
Informa	int's Partic	ulars					
	f Informant: BIN ABDU		Address: APT BLK 6 TELOK BLANGA SINGAPORE 090006	H CRESCENT #12-416			
ID Type / ID No.; NRIC NO / S1364910C Nationality: SINGAPORE CITIZEN		10C	Contact No.: Home/Office: Mobile: 90252712				
		EN	Email:				
Sex: Male	Age: 58	Date of Birth: 21/12/1959	Type of Informant: Driver				
Race: Malay			Language:	Institution / School Name:			
Occupation: HAWKER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2018 18:10	Type of Location: Slip road
Towards Hay	and the same of th	Road 2		
Weather: Clear		Road Surface: Dry	Re	oad Speed Limit:
Traffic Flow:	Tr	Traffic Volume:		
Type of Collis Between Mov	ion; ing Vehicles - Head	To Rear	Ar an	nyone conveyed by nbulance:

Details of V	ehicle Invo	lved	PROPERTY AND ADDRESS.			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJJ1433G	Car	HONDA	CIVIC 1.8L A	Silver	Slightly	1
SLP6125H	Car				Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Eusla Data
SJJ1433G	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN30666617 00		01/09/2018



2 of 4

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20180402/2157

CONTINUATION OF REPORT

Details of Person		PRINCE OF THE		RECEIPTED.	Herry B	ROSE AND LESS CONTROL
Any Pedestrian In			100		_	
No. of Pedestrian	s Injured: NIL		Use of Per	destrian	Cross	ing: NA
Passenger				Rapping .		
Name	SITI SAKINAH BINT	TE AMRAN		ID No.		S9347100H
Related Vehicle	SJJ1433G (Car)			Contac	ct No.	82683894
Hospital/Clinic	THOMAS CLINIC & SURGERY			Section of the		Class: NIL Date of Expiry: NIL
Date Treatment	31/03/2018		Date Disc	-	NIL	
	ed Medical Leave	03	Degree of			
Driver	ed Medical Leave	100	Bull Street	NAME OF TAXABLE PARTY.	SEASON.	GIRLS VENTON
Name	AMPAN RIN ARDU	CAMAD		ID No.		S1364910C
Name	AMRAN BIN ABDUL SAMAD			1367		
Related Vehicle	SJJ1433G (Car)			Contact No.		90252712
Hospital/Clinic	THOMAS CLINIC & SURGERY			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	31/03/2018		Date Disc	charge	NIL	
	ted Medical Leave	03	Degree o			t
Driver	CHEST SECRETARY	STEEL STATE	300			production will be to
Name	LOKE WING FOO			ID No.		S7400560H
Related Vehicle	SLP6125H (Car)			Contact No.		98751475
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
Date meannent	nted Medical Leave	NIL	Degree o			

On 29/03/2018 at about 6.10pm, my car, SJJ1433G, was in stationary position at the slip road of Chin Swee Rd waiting to move towards Havelock Rd. A few seconds later, I heard a loud bang coming from the rear of my car.

I immediately stopped to make a check and discovered that my car was hit from the rear by a car, SLP6125H. We exchanged our particulars at scene and left afterwards.

On 31/03/2018, I and my daughter, Siti Sakinah Binte Amran went to a private clinic as both of us suffer



T/20180402/2157

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 4 Report No. T/20180402/2157

CONTINUATION OF REPORT

muscle pain and backache because of the accident.

The rear portion is slightly damage. There are dents and scratches on the said portion. The boot could not be open or close properly.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

4 of 4 Report No. T/20180402/2157

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt HEIFI BIN AB RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2018 19:06
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case;
Authentication Stamp	

THOMAS CLINIC & SURGERY

BLK 61 TELOK BLANGAH HEIGHTS #01-97 SINGAPORE 100061 TEL: 62704354

Medical Certificate

Date

: 31 Mar 2018

MC No.

: 0000068941

This is to certify that:

Name : AMRAN BIN ABDUL SAMAD

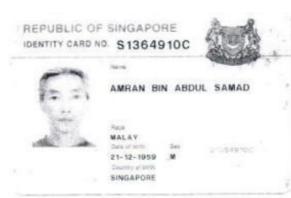
NRIC : \$1364910C

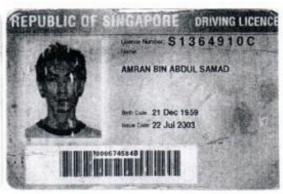
is unfit for work for 3 days

from 31/03/2018 to 02/04/2018 inclusive.

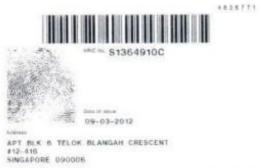
DR. THOMAS CHERIAN

"This certificate is not valid for absence from court or other judicial proceedings unless specifically stated





9025 2712.



Class 28 Motorcycles not exceeding 250 cc
Class 24 Motorcycles between 211 cc and 400 cc
Motor Class and Motor Tractors the weight of
which unlader does not exceed 2500 killograms

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Licence No. 51364910.

PASS DATE

08 Oct 1984 08 Oct 1984































Addendum Sheet



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09-00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No Vehicle Registration No: \$17 1933 Semoo Name(as shown in NRIC): AMUM NRIC/FIN/Passport No : (*Vehicle Driver / Vehicle Owner)) Please delete as appropriate Address Singapore(Contact (Tel) 90252 Email Address Date of Accident Place of Accident Insurance Company: C (B) ADDITIONALINFORMATION AMENDMENTS I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 20180402/215 in

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.: Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: (* Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Email Address Date of Accident Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: DMPCSN 3066661700 LLUM BANL Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name:

NRIC/FIN NO Date: