MCCA18051122 / Car City Auto Centre Pte Ltd - HQ ENTRY DATE & TIME: 17/04/2018 17:51 SUBMITTED BY: Ho Too Boon

### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/04/2018 17:51
Date Of Accident	14/04/2018 15:45
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW1205T
Insured/Policyholder	
Name Of Registered Owner	ROSSLY BIN SAMAD
NRIC No	S1685213I
Email Address	ROSSLYSAMAD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98114177
Alternative Phone No	OTHERS-86508349
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (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	REPORTING ONLY
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	DMPCSN3024881801
Cover Note Number	
Driver	
Name of Driver	SURAIYA BINTE MOHAMED TAHIR
NIDIO Na	C400400CD

 NRIC No
 \$1821806B

 Date Of Birth
 09/03/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 27/05/2004

Driving Experience 13 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-86508349

Fax Number
Contact Number

EMail Address NOEMAIL

APT BLK 711 HOUGANG AVE 2 #03-161 Address

Postcode 530711

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

### **General Information of the Accident**

Type Of Accident SIDE SWIPE Weather Conditions **RAINING** Road Surface WET

### **Other Information**

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

: PUTRISITI MEHRAN BTE ROSSLY NAME:

GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

### AS PER ATTACHED SKETCH PLAN

### 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**

2

Vehicle Registration Number SLQ6837G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 91478310

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT LEFT

No. Of Passenger (Including Driver)

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### Sketch Plan Pg. 1

### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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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 Police for investigation.
- 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: 4.45

Reporting Centre Personnel's Signature

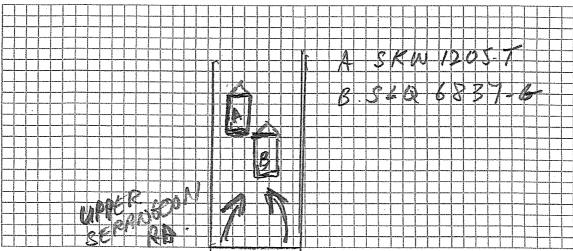
Name:

NRIC/FIN No.:

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GIARMC SketchPlanForm\_V3

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE GROOMSTANCES OF THE ACCIDENT
ON 14/04/2018, AT ABOUT 3.45 PM, 1 WAS
DRIVING ALONG UPPER SERANGOON RD, VEHICLE NO
SLQ 6837-6 STOP ME AND ECAIMED THAT I HIT
HIS CAR AT FRONT BUMPER, THAT TIME WAS
HEAVY RAIN. AS FAR AS I CONCERNED THAT I DID
NOT HIT THE CAR, AND HE CLAIMED THAT HIS
CAK HAVE A CAMERA, I DO NOT KNOW WHICH CAR
HIT WICH CAR, THE WORSHOP CALCED MY HPNO.
AND CLAIMED THAT THE REPAIR WAS \$1900/=
My that call
THE OWNER
I called them at No yphone re, and told that
I don't think that I fit the car as he comies
that HE HAS A CAMERA INSIDE HIS CAR, ITELL
him to show the VIDLO COMERA, He told me that
the seed to work shop already,

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: 4. 45

GIARMC SketchPlanForm\_V3

enorting Centre Personnel's Girnature

Reporting Centre Personnel's Signature Name: (-1) H

10551

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# CERTIFICATE OF INSURANCE

Page 1 of 2



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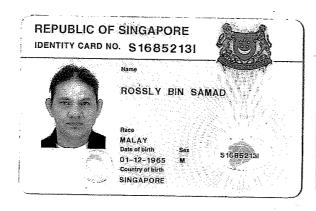
# 中国太平保险(新加坡)有限公司 CHINATAIPING INSURANCE (SINGAPORE) PTE. LTD.

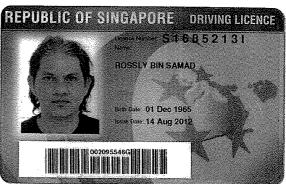
MX1FR SN AN0472A Cov.Type: C AUTOSAFE

CERTIFICATE OF INSURANCE

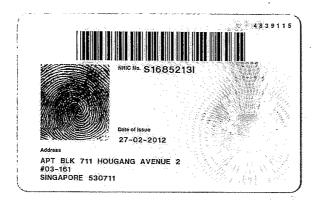
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

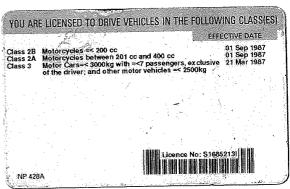
CERTIFICATE No.		DMPCSN3024881801		Engine No :K24A64002885 Chassis No:JHMRB18507C202884	
Index Mark and Registra     Number of Vehicle	ation	SKW1205T			
2. Name of Policy Holder		ROSSLY BIN SAMAD			
3. Effective date of the Cor the purposes of the Regu	nmencement of Insurance for plations, Ordinance or Enactmen	22 MARCH 2018 t (16:41 HOURS)	UDDITIONAL	ERS EX SECT. I,	
4. Date of Expiry of Insurar	4. Date of Expiry of Insurance		EX SECT. I - AGE <= 25		).00
5. Persons or Classes of P	ersons entitled to drive *		" AGE AS AT	DATE OF ACCIDENT SS100.0	'E OF ACCIDENT
(A) THE POLICY	HOLDER.				
	PERSON WHO IS DRIVING ON				
PROVIDED THAT 1 REGULATIONS TO COURT OF LAW OF	THE PERSON DRIVING IS PE DRIVE THE MOTOR VEHICLE R BY REASON OF ANY ENACT	RMITTED IN ACCORD, OR HAS BEEN SO PI MENT OR REGULATION	NCE WITH TH CRMITTED AND I IN THAT BE	E LICENSING OR OTHER LAWS OR ) IS NOT DISQUALIFIED BY ORDER OF A HALF FROM DRIVING THE MOTOR VEHICLE.	
TRIAL, SPEED-TE	DOMESTIC AND PLEASURE NOT COVER USE FOR HIRE STING, THE CARRIAGE OF PURPOSE IN CONNECTION W	OR REWARD TUITION	DRIVING TE	LDER'S BUSINESS. ST RACING PACE-MAKING, RELIABILITY ONNECTION WITH ANY TRADE OR BUSINESS	
ONE TIME WAIVER	R IS APPLICABLE FOR LOS  OF EXCESS FOR THE FIRS LAIM AT OUR AUTHORISED	T PEEOO MITT INDI		RE (CONSTRUCTIVE TOTAL LOSS/THEFT) URED AND NAMED DRIVERS IN THE EVENT R.	
I Limitations	D. : KENSO LEASING PTE 1 rendered inoperative by Section 95 of the Road Transport Act, 19	Raftha Malan Nation	Third-Party Risk be included und	ks and Compensation) Act (Chapter 189) der these headings.	
I/We I provisions of the Road Transport Please see re	ort Act, 1987 (Majavsja)	that the policy to which t	his Certificate re Act (Chapter 18	elates is issued in accordance with the 89) and Part IV of the	
Countersigned By:			For CHINA T.	AIPING INSURANCE (SINGAPORE) PTE. LTD.	
·	Authorised Officer	-	-	Authorised Signatory	
3 Anson Road #	16-00 Springleaf Tower Singapo	re 079909 Tel: 6389 6	111 Fax: 622	5 3592 Website: www.sg.cntaiping.com	

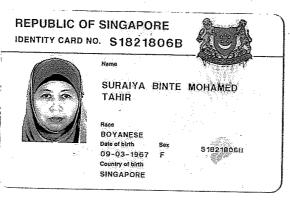




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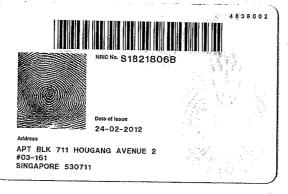


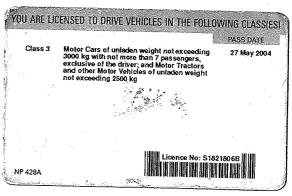


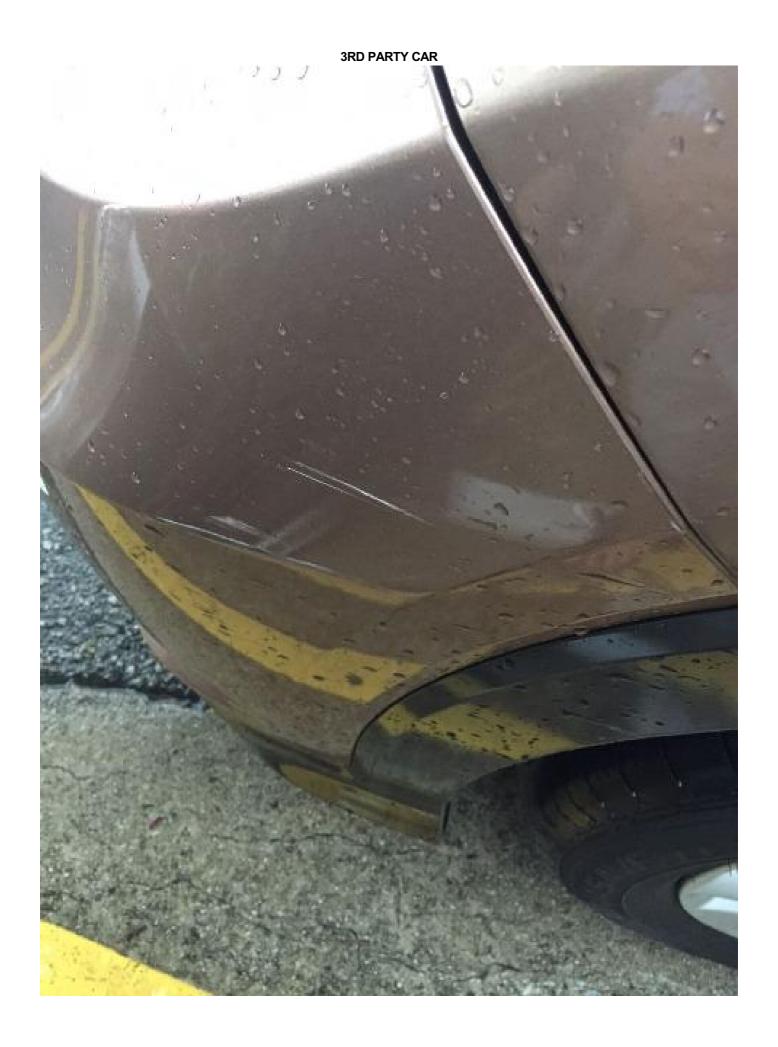






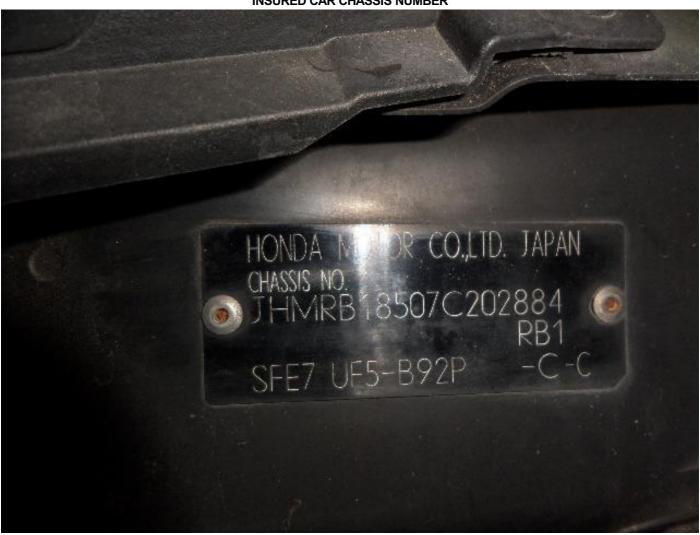








### **INSURED CAR CHASSIS NUMBER**







## **INSURED CAR**



# INSURED CAR \*\*STANDARD REPORT OF THE PROPERTY OF THE PROPERTY

## **INSURED CAR**



## **INSURED CAR**

