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 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

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	ACCIDENT STATEMENT		
Date Of Report	26/10/2018 13:21		
Date Of Accident	24/10/2018 08:30		
Exact Location Of Accident	TPE TOWARDS PIE AFTER ELIAS ROAD EXIT		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJW8659H		
Insured/Policyholder			
Name Of Registered Owner	ELLYAS REZZAL BIN MOHAMED NOOR		
NRIC No	S8716014I		
Email Address	POPCADELIC@HOTMAIL.COM		
Mobile Phone No	(LOCAL) +65-93222013		
Alternative Phone No	OTHERS-93222013		
Vehicle Particulars			
Manufacturer	BMW		
Model	3201		
Exact Purpose for which vehicle was being used at time of accident	PTE		
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	DMPCSN3062171800		
Cover Note Number			
Driver			
Name of Driver	ELLYAS REZZAL BIN MOHAMED NOOR		

 NRIC No
 \$87160141

 Date Of Birth
 13/06/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 23/05/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93222013

Fax Number

Contact Number OTHERS-93222013

EMail Address POPCADELIC@HOTMAIL.COM

Address BLK 331 WOODLANDS AVENUE 1 #05-401

Postcode 73033

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

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 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 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 24/10/2018 AT ABOUT 0830HRS I WAS DRIVING MY VEHICLE ON THE EXTREME RIGHT LANE ALONG TPE TOWARDS PIE AFTER ELIAS ROAD EXIT. THE VEHICLE C(SFU5250E)WHICH WAS TRAVELLING FRONT OF MY VEHICLE SLOWED DOWN AND STOP DUE TO AHEAD VEHICLE STOPPED.AND I FOLLOW SUIT, SUDDENLY, I FELT AN IMPACT FROM MY VEHICLE'S REAR PORTION AND REALISED THAT VEHICLE B(EX1000H) HAD HIT ONTO MY VEHICLE'S REAR PORTION CAUSED MY VEHICLE PUSHED FORWARD HIT ONTO REAR PORTION OF VEHICLE C, RESULTED CHAIN COLLSION.

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 EX1000H

Vehicle Make/Model/Colour NISSAN QASHQAR

Details Of Properties SUV

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SFU5250E

TOYOTA HARRIER

WHITE SUV

PRIVATE CAR

Accident Sketch Plan

SKETCH PLAN

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 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 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:
 - 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 Iraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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: 96/10/10/8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

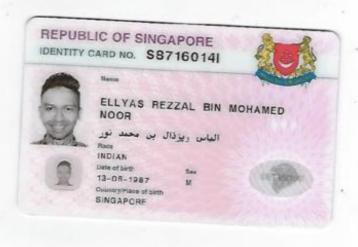
Name: ANON

Accident Sketch Plan

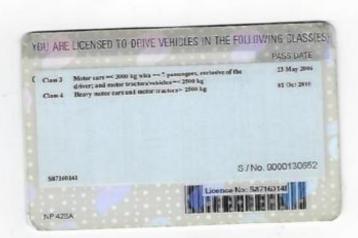
SKETCH PLAN			
A'. 5JW8659H	I IPI	TPE	
3: 5X1000H		Toward	
		PIE	
C. SFUI5250E	人	Offer	
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DESCRIBE CIRCUMSTANCES OF TH	RE ACCIDENT		,
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Vehicle will r	invir at	Ton Lin Ma	for fle Hc.
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DECLARATION /			
I/We declare the foregoing particulars	are true in every respect.	1	As
1/091720	1 //00	. /	AND SERVI
Delter helder's Street and	Dehand's Sinnadura	Renor	rting Centre Personnel's Signature
Policyholdér's Signature Date & Time: 2 6 40 24 c	Oriver's Signature (If driver is not the policy	holder) Name	Hush
C1728 1/2 1210	Date & Time:	NRIC/	FIN No.:
0 1228 1 1216	Date & Time:		FIN No.:

Identification Card





Driving Licence





Certificate of Insurance



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

CERTIFICATE OF INSURANCE

MKIE 11:31 AHRONAL COMPREHENSIVE AUTOENER

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DHECOUSE 6: 17: 500

Engine No : B5022597N46E2NBL Charela No: WBARCSSCTOLNC2572

1. Index Mark and Registration Number of Vehicle

4. Date of Expiry of Insurance

DJW8650H

2. Name of Policy Holder

MP BLUVAS PECEAU REW MORRHED MOOF

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

112:132 MCDEO) 26 0270687 2019

5. Persons or Classes of Persons entitled to drive *

(A) THE FOLICYHOLDES.

IB) ANT OF MEN. PERSON WHO IS DELYLES ON THE POLICYMOLOGICA'S GYDER OF MITTH HIS PERMISSION.

PROVIDED THAT THE STESOM DRIVING IS STEMITTED IN ACCORDANCE WITH THE CICENSING OF CYPER LAWS OR RESULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PROMITTED AND IS NOT DISQUALIFIED BY ORDER OF A CORET OF LAW CE BY MEASON OF ANY EMACTHERY OR DEGULATION IN THAT BEHALF FROM DETVING THE MOTOR VEHICLE.

6. Limitations as to use: "

UNE FOR SOCIAL, DUMESTIC AND FLEASURE PURPOSES AND FOR THE FOLICYMOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TOITION DRIVING TEST EACING PACE-MAKING, RELIABILITY TRIAL, SPEED-YESTING, THE CARRIAGE OF GUOUS OTHER THAN SAMPLES IN COMPRETION WITH ANY TRADE OR RUSTHESS. OR USE FOR ANY PURPOSE IN COMMECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCUPRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / IMEPT) WILL BE DOGSERD.

ONE TIME WALVER OF EXCESS FOR THE FIRST SEL, OCC MILL SPELY TO THE LISUPED AND WANTED DRI ERS IN THE RUENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

* Limitations randered inoperative by Section 8 of the Motor Variables (Third-Party Fisks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia), Please see revers For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signalory















