

## 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 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 Report	27/12/2018 16:45
Date Of Accident	22/01/2018 17:45
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4605U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR SHARIFF BIN K ABDUL MAJID
NRIC No	S1544690J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82992174
Alternative Phone No	OTHERS-82992174

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5
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	DMPCSN3059341700
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAHRUL BIN SHARIFF
NRIC No	S9525168D
Date Of Birth	24/07/1995
Occupation	INDOOR
Date Of Driving Pass	26/05/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82992174
Fax Number	
Contact Number	
Email Address	SHAHRULSHARIFF@HOTMAIL.COM

Address	122 GERALD DRIVE
Postcode	797764
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL3046P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SHAHRUL BIN SHARIFF
Approximate Age	
Injuries Sustain	SHOCKED
Injured person in which vehicle?	SJV4605U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

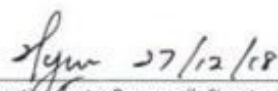
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

 27/12/18  
\_\_\_\_\_  
Report Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Individual Statement

### SKETCH PLAN

JURONG TOWN HALL RD

A - SJV4605U

B - YL3046P

The diagram shows a road layout with four horizontal lanes. The top lane is labeled 'JURONG TOWN HALL RD'. The second lane from the top has a box labeled 'A B A' in the center. To the right of the diagram, there are three arrows pointing left, corresponding to the top three lanes. The bottom lane is empty.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was Driving toward Jwong town Hall Road,  
I was on the back of a lorry hit the  
Back of the lorry I hit the right rear portion  
of the lorry. ~~as~~ my leg was cramp as at that  
I miss my judge and hit the back of the lorry.

## 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.:

# SELLING OF CAR



富億汽車私人有限公司

FU EE CARS PTE LTD since 1996

397 Joo Chiat Road Singapore 427628

Tel: 6346 7588

Fax: 6346 3588

Email: sales@fueecars.com

Business Reg. No: 201013156N

GST Reg. No: 201013156N

Agreement No: FE1255/251018

Date: 24/9/18

## PURCHASE AGREEMENT

Seller Name: MUHAMMAD FARIS BIN SYED AHMAD I.C./Co.No: V9022356 I  
Address: BIK 893 TANJUN AVE A #01-40 (S) 52093  
Contact Number: (HP) 9099 0192 (H) — (O) —

### VEHICLE DETAILS

Registration No: SJV4605U Reg Date: 27/1/10 Ownership: 03  
Make & Model: MITSUBISHI LANCER 1.5 MIVEC SPORTS Rd Tax Expiry: 26/1/2019  
Engine No: 4A910128308 Year: 2009  
Chassis No: JMYRCY2AAU 000 727 Colour: BLACK  
OMV S\$: 18393-00 PARF S\$: 9196-00 COE S\$: 20501-00

Accessories: —

PURCHASE DETAILS	
Agreed Price	\$ 15,000.00
Less: Deposit (Cash/Contra/Cheque No: )	\$
Less: Outstanding H.P. Loan Fin Co: Settle Date:	\$
Less: Other Fees	\$
Balance Payment (Payment/Top up) Exchange SMG 152R	\$ 15000-00

1/2 Return back on 29/9/18

This Vehicle will be handover by:

Handover Date: 25/9/18 Time: 5:10 pm Mileage: —

Remarks: —

ALL TRAFFIC OFFENCES BEFORE THE DELIVERY OF THE VEHICLE WILL BE BORNED BY THE SELLER.  
VEHICLE WILL BE DELIVERED IN SATISFACTORY CONDITION AND WITH ACCESSORIES AS STATED IN THIS AGREEMENT.

I/We hereby agree to all the above mentioned vehicle and accept the terms & conditions of this agreement.

Customer's Signature

Signed for and on behalf of  
Fu Ee Cars Pte Ltd