#### SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be  $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 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 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	03/09/2013 15:44
Date Of Accident	03/09/2013 04:10
Exact Location Of Accident	WOODLANDS CHECKPOINT VIADUCT
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU408P
Insured/Policyholder	

ZALINA BINTE MAHBUD

**Vehicle Particulars** 

NRIC No

Name Of Registered Owner

Manufacturer MITSUBISHI
Model LANCER-1.6 (A)

Exact Purpose for which vehicle was being used

at time of accident

PTE USE

S8201850F

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
 DMPCSN1327671300

 Cover Note Number
 20/07/2013 - 19/07/2014

Driver

Name of Driver MOHAMAD IZWAN BIN MAHBUD

NRIC No S9024518Z
Date Of Birth 14/07/1990
Occupation Outdoor
Date Of Driving Pass 18/06/2013

Driving Experience 0 Year And 2 Month

Gender Male

Mobile Number (Local) +65-97880862

Fax Number

**Contact Number** 

EMail Address izwanmahbud20@gmail.com

Address BLK 673A CHOA CHU KANG CRESCENT #04-415

Postcode 681673
Was driver an employee of the Insured's Company No
If No, Relationship of the Driver with the Insured Sibling

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident Collision- Traffic Light Junction

Weather Conditions Clear Road Surface Dry

**Other Information** 

Was any foreign vehicle involved in this accident? No Was any body injured in the Accident? No Was any other material or property damaged? Yes Was there any video captured by Car Camera? No

**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**

ON 3RD SEPT 2013 AT 0410HRS. I WAS DRIVING ALONG WOODLANDS CENTRE RD. I WAS SURE THE TRAFFIC LIGHT WAS GREEN CONTINUED DRIVING STRAIGHT WHEN A TAXI BYPASSED ME AND WE COLLIDED. MY FRONT BUMPER HIT THE TAXI'S REAR END BUMPER.

Are accident photos available for attachment? Yes

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHD9235P Vehicle Registration Number Vehicle Make/Model/Colour TRANSCAB, RED

**Details Of Properties** 

Name of Driver LIM SAN NEE S1176802D NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

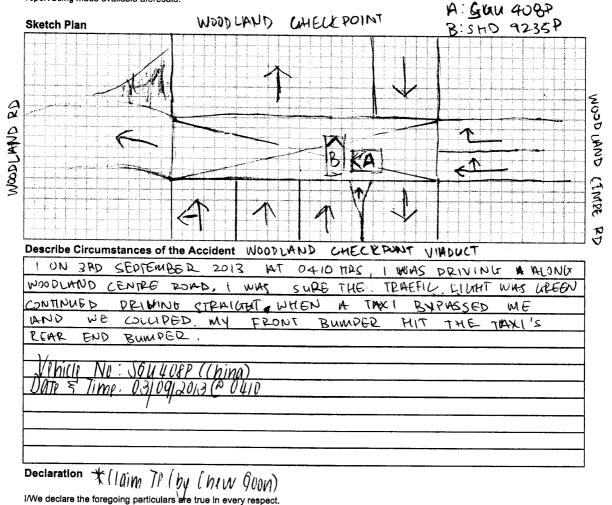
Phone Number

**Email Address** 

### **SKETCH PLAN**

### **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. 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 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.



Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel /AMK)

## **CONFIDENTIAL**

Annex E

## NOTICE OF COMPLIANCE

This is to confirm that Mohamad Itwon Bin Mohbod,
NRIC/FIN, has reported to the Police a non-injury traffic accident
which occurred at Woodlands Checkpoint Viaduct
on 03/09/2013 at 0410 am/pm involving the following vehicles:
1) SGO 408P Mitsubishi Loncer Grey
) SHP 9235P Tronicals Red
2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
Rank/Name of Issuing Officer: Sgt Abdollah Bin Rohaitad Add
Date: 03/09/2013 Time: 0430 hrs CHOA CHU KANG SES2 761
S/D Ref: SINGAPORE 685085 TEL: 1800-7659999
Police Post/Unit: Choa Chu Kong Neighbourhood Police Centre. FAX: 67673651
Original – to be issued to informant Duplicate – to be submitted to Traffic Police

**CONFIDENTIAL** 

Version as of 15 Jan 2002

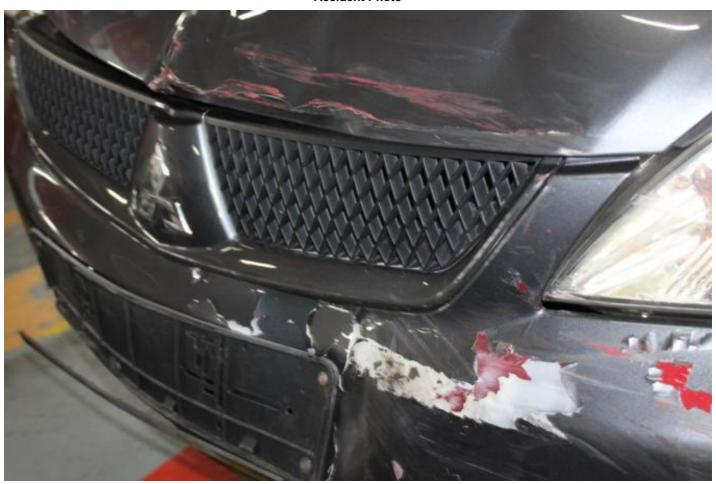


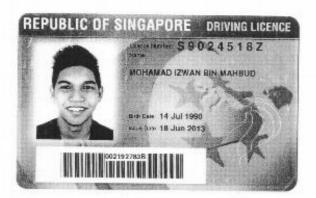


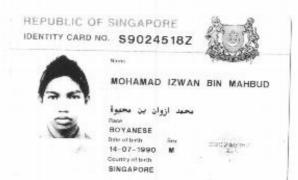












YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Glass 3 Motor Cars=< 3000kg with =<7 passengers, exicusive 18 Jun 2013 of the driver, and after motor vehicles =< 2500kg

NP 428A



4RCN: S9024518Z

27-07-2005

APT BLK 673A CHOA CHU KANG CRESCENT #04-415 SINGAPORE 681673

3747209