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 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

atoresaid.			
	ACCIDENT STATEMENT		
Date Of Report	24/06/2019 17:15		
Date Of Accident	23/06/2019 00:05		
Exact Location Of Accident	ALONG ROAD TOWARDS JOHOR BAHRU CHECKPOINT		
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMH9405K		
Insured/Policyholder			
Name Of Registered Owner	ISMAIL BIN SAMAT		
NRIC No	S1622351D		
Email Address	SAMATIB63@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-91863562		
Alternative Phone No	OTHERS-91863562		
Vehicle Particulars			
Manufacturer	HONDA		
Model	FREED HYBRID-1.5 G (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	DMPCSN3012121900		
Cover Note Number			
Driver			
Name of Driver	IZDIHAR IZZAN BIN ISMAIL		

NRIC No S9905528F Date Of Birth 22/02/1999 Occupation **INDOOR** 07/11/2017 **Date Of Driving Pass**

Driving Experience 1 YEAR AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93842505

Fax Number **Contact Number**

EMail Address IZZAN1999@GMAIL.COM Address APT BLK 174B EDGEDALE PLAINS @12-173

Postcode

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? NO

Was any injured conveyed to hospital by

ambulance?

YES

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

Was any other material or property damaged?

NO 5

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER 1

GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER 2

> GENDER: : MALE

Passenger 3 NAME: : PASSENGER 3

> GENDER: : MALE

Passenger 4 NAME: : PASSENGER 4

> GENDER: : MALE

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 YES Was there any video captured by Car Camera? Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SME8888Y**

Vehicle Make/Model/Colour BMW WHITE COLOUR

Details Of Properties

Vehicle Category PRIVATE CAR

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Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER: :

SKETCH PLAN

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 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 insurers) 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

Driver's Signature

(If driver is not the policyholder)

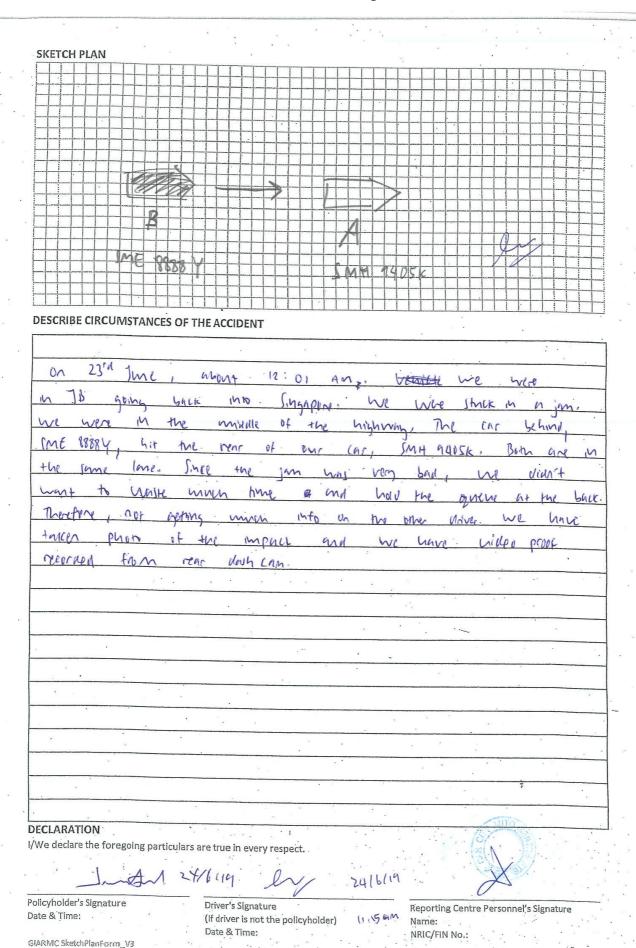
Date & Time:

am R

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3



Date & Inn.

GIARMC SketchPlanForm_V3

NRIC/FIN No .:

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CERTIFICATE No.

中国太平保险(新加坡)有限公司

CERTIFICATE OF INSURANCE

MX1F N SN AN0472A COMPREHENSIVE AUTOSAFE

Engine No : LEB5602260 Chassis No: GB71068675

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)

DMPCSN3012121900

Index Mark and Registration Number of Vehicle	SMH9405K		
2. Name of Policy Holder	MR ISMAIL BIN SAM	AT	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	(10:53 HOURS)	NAMED DRIVERS EX SECT. I IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25	**************************************
Date of Expiry of Insurance Persons or Classes of Persons entitled to drive *		EX SECT. I - AGE >= 26	\$\$500.00
0		EX ON WINDSCREEN	S\$100.00
(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON	THE POLICYHOLDER'S	ORDER OR WITH HIS PERMISSION.	
PROVIDED THAT THE PERSON DRIVING IS PER REGULATIONS TO DRIVE THE MOTOR VEHICLE COURT OF LAW OR BY REASON OF ANY ENACTM	OR HAS BEEN SO PER	MITTED AND IS NOT DISQUALIFIED BY O	DRDER OF A
6. Limitations as to use: *			
USE FOR SOCIAL, DOMESTIC AND PLEASURE FOR THE POLICY DOES NOT COVER USE FOR HIRE TRIAL, SPEED-TESTING, THE CARRIAGE OF COR USE FOR ANY PURPOSE IN CONNECTION WI	OR REWARD TUITION	DRIVING TEST RACING PACE-MAKING, REAMPLES IN CONNECTION WITH ANY TRADE	
EXCESS WHICHEVER IS APPLICABLE FOR LOSS BE DOUBLED.	SES OCCURRING OUTS:	DE SINGAPORE (CONSTRUCTIVE TOTAL LC	OSS / THEFT) WILL
JE TIME WAIVER OF EXCESS FOR THE FIRST			1 THE EVENT OF
HIRE PURCHASE CO. : HONG LEONG FINANCE	LTD AS HP OWNER		
* Limitations rendered inoperative by Section 8 of the and Section 95 of the Road Transport Act, 1987 (M.)			
I/We hereby Certify that the policy to whic (Third-Party Risks and Compensation) Act (Chapter	ch this Certificate relates is 189) and Part IV of the Ro	s issued in accordance with the provisions of the Moad Transport Act, 1987 (Malaysia). Please see reversor CHINA TAIPING INSURANCE (SINGAPOR	erse
Countersigned By: Authorised Office	r	Authorised Signatory	

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

07 Nov 2017

S9905528F REPUBLIC OF SINGAPORE IDENTITY CARD NO. Name



IZDIHAR IZZAN BIN ISMAIL

Sex

Country/Place of birth

SINGAPORE

22-02-1999

JAVANESE Date of birth ... YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE

5373414

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3



NP 428A

APT BLK 174B EDGEDALE PLAINS

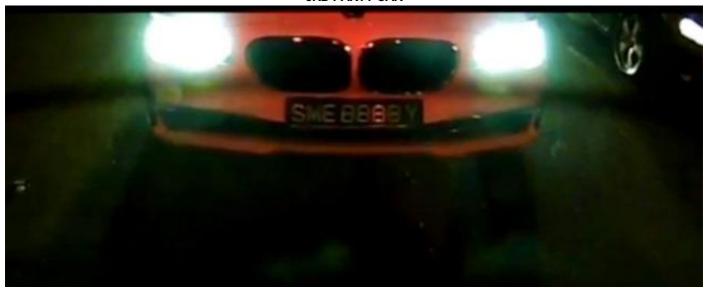
SINGAPORE 822174

#12-173

NRIC No. S9905528F 21-10-2014 Date of issue

Address

3RD PARTY CAR





INSURED CAR CHASSIS NUMBER











