

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 09/07/2019 15:16
 Date Of Accident 08/07/2019 14:25
 Exact Location Of Accident MOULMEIN ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8549L
Insured/Policyholder
 Name Of Registered Owner M/S KINOSTYLEZ
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-93378642
 Alternative Phone No OFFICE-93378642

Vehicle Particulars

Manufacturer TOYOTA
 Model -
 Exact Purpose for which vehicle was being used at time of accident WORK
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number DMCVSN3042601900
 Cover Note Number

Driver

Name of Driver MOHAMED SANI BIN JAFFAR
 NRIC No S1199714G
 Date Of Birth 20/11/1956
 Occupation OUTDOOR
 Date Of Driving Pass 15/03/1985
 Driving Experience 34 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-93378642
 Fax Number
 Contact Number OTHERS-93378642
 EMail Address NOEMAIL

Address	BLK 37 CIRCUIT ROAD #15-393
Postcode	370037
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : ANNEX E

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH3336X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALEX LEE YONG JOO
NRIC/Passport Number	S7142621A
Contact Number	84394886
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED SANI BIN JAFFAR
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	GBD8549L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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 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:
10/7/19

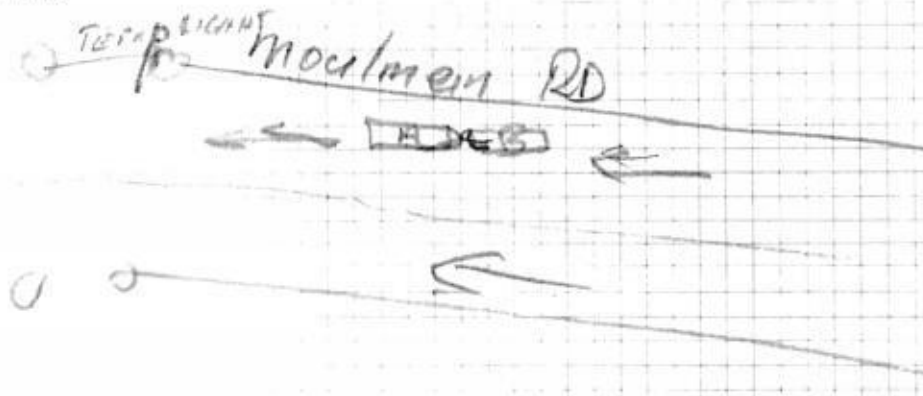


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10/7/2019

SKETCH PLAN



A - GBD8549L
B - GBH3336X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Pls Refer to the Police Report —
Annex E.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

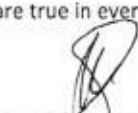


Policyholder's Signature

Date & Time:

15/7/19





Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/7/2019

NOTICE OF REPORTING

This is to confirm that NRIC/FIN S1199714G residing at Blk 37 Circuit Road #15-393, has reported to the Police a non-injury traffic accident which occurred at on 08/07/2019 at 1425hrs involving the following vehicles: GBD8549L Toyota Hiace White in Colour and GBH3336X Volkswagen Van White in Colour. Location is Moulmein Road.

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 Frederick Gnoh

Date: 08/07/2019

Time: 1825 hrs

S/D Ref: -

Police Post/Unit: Geylang NPC / Macpherson NPP



Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

MacPherson NPP
Block 54 Pipit Road
#01-82/84 Singapore 370054
Tel. 1800-744999

Reported on 9/7/2019
@ 1513HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (8/7/2019) (DD/MM/YYYY), TIME: (14:25) (HH:MM)

LOCATION: Moulmein Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 8549L
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93378642
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ~~Friend~~
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) ~~NECK PAIN~~ ✓

7. a) REPORTED TO POLICE (YES / NO) _____

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 3336X MODEL: _____
b) DRIVER'S NAME: ALEX LEE YONG JOO
c) NRIC/FIN/PASSPORT: S7142621A CONTACT: 84394886

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =


CTI ✓

Waiting for Certificate? ✓

Waiting for Company Chop? ✓

OK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1199714G



MOHAMED SANI BIN JAFFAR

Race: MALAY
Date of Birth: 20-11-1956 Sex: M
Country of Birth: SINGAPORE

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REPUBLIC OF SINGAPORE DRIVER

License Number: S1199714G

Name: MOHAMED SANI BIN JAFFAR

Issue Date: 20 Nov 1956
Expiry Date: 19 May 2003

000468555B

Barcode

NRIC No. S1199714G



Blood Group: B+ Date of Issue: 13-07-1995

APT BLK 37 CIRCUIT ROAD #15-393
SINGAPORE 370037
NRIC No. S1199714G Date: 03/08/2015

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Valid Until
Class 3	Motor Cars and Motor Tractors the weight of which (including trailer) does not exceed 2500 kilograms	15 Mar 1965
Class 4	Heavy Motor Cars and Motor Tractors the weight of which (including trailer) exceeds 2500 kilograms	10 May 1999



EBB 9148P

1767 P1472 ZIP

License No. S1199714G

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.

DMCVEN3042601900

Engine No : 1KDZ498092

Chassis No: XDH2010162261

1. Index Mark and Registration
Number of Vehicle

GBD8549L

2. Name of Policy Holder

M/S KINOSTYLEZ

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

11 JUNE 2019

EX SECT. I S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

10 JUNE 2020

5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR
REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A
COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE
POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : ABWIN PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks 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 reverse
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ABWIN PTE LTD
8 Kaki Bukit Road 2 #01-30
Ruby Warehouse Complex
Singapore 417851
Tel: 6842 3332 Fax: 6842 3301 (Admin Office)
Authorised Officer

Countersigned By:

Authorised Signatory

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	09/07/2019 15:16
Date Of Accident	08/07/2019 14:25
Exact Location Of Accident	MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8549L
Insured/Policyholder	
Name Of Registered Owner	M/S KINOSTYLEZ
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93378642
Alternative Phone No	OFFICE-93378642

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3042601900
Cover Note Number	

Driver

Name of Driver	MOHAMED SANI BIN JAFFAR
NRIC No	S1199714G
Date Of Birth	20/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-93378642
Fax Number	
Contact Number	OTHERS-93378642
EMail Address	NOEMAIL

Address	BLK 37 CIRCUIT ROAD #15-393
Postcode	370037
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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?	YES
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 POLICE REPORT : ANNEX E

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

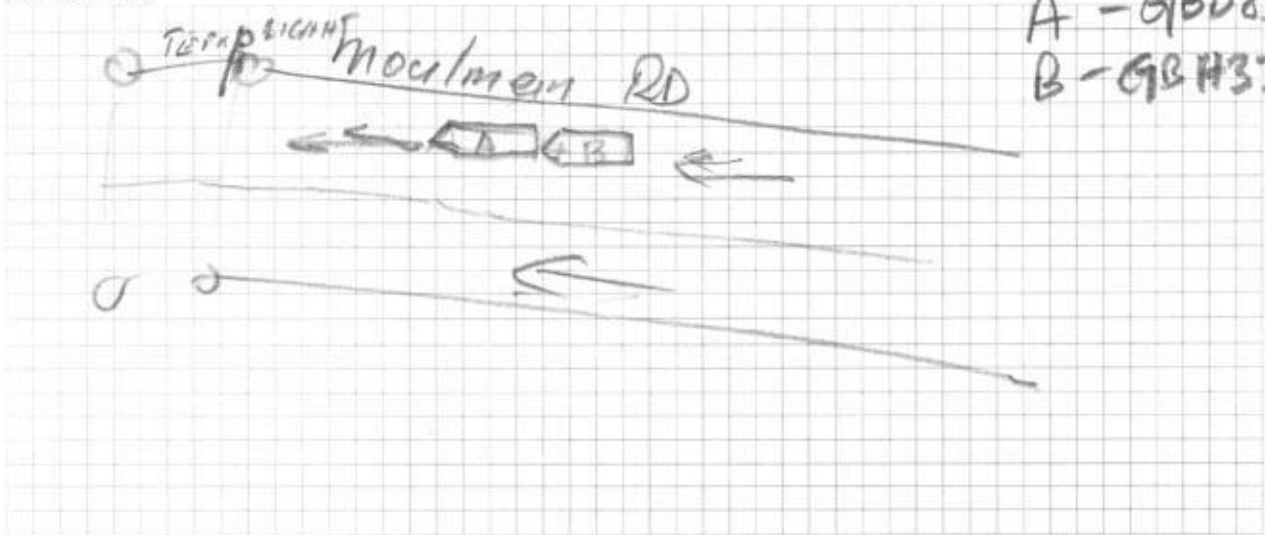
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH3336X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALEX LEE YONG JOO
NRIC/Passport Number	S7142621A
Contact Number	84394886
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED SANI BIN JAFFAR
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	GBD8549L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report Annex E.

Vehicle A was waiting at traffic light red at Moulmen Road. Suddenly I hear a big noise hit on my Vehicle A rear portions. I feel my neck pain and I came out from my Vehicle A and I saw Vehicle B behind my Vehicle A he said sorry and claim insurance and Vehicle A damage was badly at the rear portions.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:

10/7/19



[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/7/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

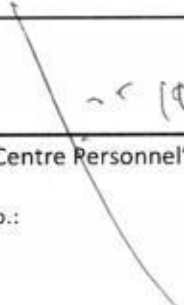
Original Report No : MNA119089549 Vehicle Registration No: GBD8549L
Name (as shown in NRIC) : MOHAMED SANI BIN JAFFAR NRIC/FIN/Passport No : S1199714G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 37, CIRCUIT ROAD, #15-393 Singapore (370037)
Contact (Tel) : — Mobile No. : 93378642
Email Address : NOEMAIL
Date of Accident : 08/07/2019 Time of Accident : 14:25
Place of Accident : MOULMEIN ROAD
Insurance Company : China Taiping Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Statement.


Policyholder / Driver's Signature
Date: _____

 10/7/2019
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____