

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	26/07/2019 09:14
Date Of Accident	25/07/2019 11:20
Exact Location Of Accident	NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE5614X
Insured/Policyholder	
Name Of Registered Owner	SO SERVICE
Co Reg No	53291822C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87493772
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3005311901
Cover Note Number	-
Driver	
Name of Driver	MOHAMAD AZMAN BIN ABDUL WAHEE
NRIC No	S8309409E
Date Of Birth	20/03/1983
Occupation	INDOOR
Date Of Driving Pass	17/02/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493772
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 5 BANDA ST #21-52
Postcode	050005
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	COLLISION - CHANGE/CROSS LANE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9935M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MOHAMAD AZMAN BIN ABDUL WAHEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE5614X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:


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

As per Attached.

On 25.07.2019 at about 11.22am. I was driving my Vehicle A at New Bridge Road. Suddenly Vehicle B cut in to my lane and hit on my Vehicle A

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

10. The following table shows the number of people who attended the 2010 World Cup in South Africa. The table is divided into two parts: the first part shows the number of people who attended the World Cup in each of the 12 stadiums, and the second part shows the number of people who attended the World Cup in each of the 12 stadiums, by country.



A) 98E5614X B) SHB993SM

Bus Lane



Accident Place : New Bridge Road

Mohamad Azman Bin Abdul Wahed
S8309409E 98E5614X



Date of Accident : 25.07.2019 Accident Time: 11.22am (24-HR-Format)

Accident Place : New Bridge Road

Vehicle. No. (Car Plate No.) : GBE 5614X Make/Model:

Insurance Company : China Taiping Policy No: DMCYSN 3005311901

Owner or Company Name /IC No. : 53291822C So Service

Owner or Company Contact No. : Owner's Hp Company Tel

DRIVER'S Name / IC No. : Mohamad Azman Bin Abdul Wahab (S8309409E)

DRIVER'S Date Of Birth : 20.03.1983 DRIVER'S License Pass Date 17.02.2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Boss

DRIVER'S Address : Blk 5 Banda Street #21-52 Singapore 050005

DRIVER'S Contact No./ Alt No. : 1) 8749 3712 2)

DRIVER'S Occupation : (INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address :

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ ~~Claim Other~~ Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 person Driver

Was there any video Captured by car camera YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: SHB 9935M (Axa) Vehicle. No:

Vehicle Make/Model: Vehicle Make/Model:

Name Driver: Name Driver:

IC No. Driver/Contact: IC No. Driver/Contact:

* NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8309409E



MOHAMAD AZMAN BIN ABDUL WAHID

Race: MALAY
Date of Birth: 20-03-1983 Sex: M

Maxi-Cash
PAWNSHOP SINGAPORE

அடகுக்கடை

REPUBLIC OF SINGAPORE DRIVING LICENSE

License No: S8309409E



MOHAMAD AZMAN BIN ABDUL WAHID

Expiry Date: 20 Mar 2013
Valid Until: 20 May 2013

00021520106

848400



S8309409E

Registration: UNKNOWN
Date of Birth: 10-06-2001

APT BLK 5 BANDA STREET #21-52
SINGAPORE 060005
S8309409E 17/11/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

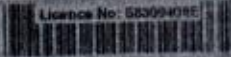
CLASS	VEHICLE TYPE	EXPIRY DATE
Class 1B	Motorcycles -> 250 CC	20 Mar 2013
Class 1A	Motorcycles between 201 CC and 400 CC	14 Feb 2013
Class 2	Motor cars -> 3500 kg with -> 7 passengers, exclusive of the driver, and motor tractors/vehicles -> 2000 kg	17 Feb 2013

S / No 9000312938

S8309409E

NP 428A

License No: S8309409E





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0420A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1988 (Malaysia)

ORIGINAL

CERTIFICATE No. DMCVSN3005311901 Engine No :1KD2570383
ChaNo:KDH2010183474

1. Index Mark and Registration Number of Vehicle GBE5614X AUTOSAFE

2. Name of Policy Holder SO SERVICE

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 15 January 2019 Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 14 January 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. : MV CREDIT 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



Issued By: INEXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory