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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.
- 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.

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Date Of Report	05/12/2019 09:17
Date Of Accident	04/12/2019 10:15
Exact Location Of Accident	BLK 277-276 TAMPINES ST 22 OPEN CARPARK
Country/State of Loss	SINGAPORE
THE PERSON NOT THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6129T
Insured/Policyholder	
Name Of Registered Owner	NORIS SERVICES
Co Reg No	20 4 6 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81808692
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	DMCVSN3080411800
Cover Note Number	
Driver	
Name of Driver	MOHAMED SHAHRUL NIZAM BIN MOHAMED ISMAIL
NRIC No	S9432185I
Date Of Birth	06/09/1994
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81688082
ax Number	

NOEMAIL

Address

BLK 277 TAMPINES ST 22 #08-186

Postcode

520277

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191204/7012

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC2706U

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 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.
- 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.
- 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:

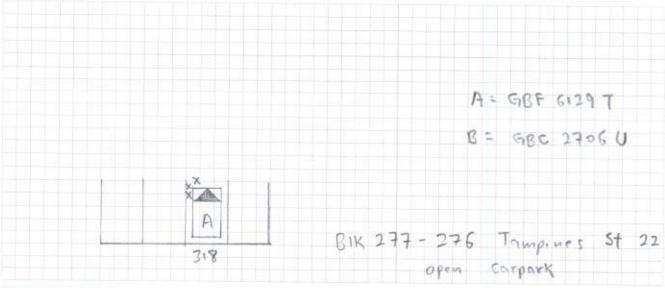
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		#200 ES		70	
Refer	to	Police	Report	7/20191204	17
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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.:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20191204/7012

REPORT OF A TRAFFIC ACCIDENT

04/12/2019 12:09		Made:	Vide Report No.: G/20191204/0065	Station Diary No.:
Informa	nt's Partic	ulars		
MOHAN MOHAN	f Informant: IED SHAHF IED ISMAIL / ID No.:	RUL NIZAM BIN	Address: 277 TAMPINES STREET 22 SINGAPORE 520277 Contact No.:	#08-186 HDB-TAMPINES
NRIC NO / S9432185I		851	Home/Office: Mobile: 81688082	
National SINGAF	ity: ORE CITIZ	EN	Email: zammontel@gmail.com	
Sex: Age: Date of Birth: 06/09/1994			Type of Informant: Vehicle Owner	
Race: Malay			Language: English	Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/12/2019 10:15	Type of Location Car Park
Location: TAMPINES S Weather:	TREET 22	Road Surface:		Road Speed Limit: 10 Km/h
Clear		DIY		TU KIII/H
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBC2706U	Van	FIAT	DOBLO	White	Slightly Damaged	0
GBF6129T	Lorry	MITSUBISHI	fuso	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20191204/7012

2 of 3

CONTINUATION OF REPORT

Name	MOHAMED SHAHRUL NIZAM BIN MOHAMED ISMAIL			ID No).	S9432185I
Related Vehicle	GBF6129T (Lorry)			Conta	act No.	81688082
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days grant	granted Medical Leave NIL		Degree o		A STATE OF THE PARTY OF THE PAR	

Brief Details.

My vehicle was parked overnight from 11pm the night before, 03/12/19 onwards, when I came down at 10.15am, 04/12/19 my left side mirror was scratched and my front blindspot mirror was shattered on the ground. A passer by told me that a white van parked nearby with a shattered back window. I went over to take a look and found a small part from my left side mirror inside the white van. I proceeded to call the police hotline to get assistance as there was no particulars were left behind by the driver of the white van. A traffic police officer came down to assist me shortly after.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191204/7012

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to provide	sketch plan	n

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2019 12:09
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamn	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ301/C E SN AN0655A 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, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN3080411800

Engine No :4P10C42645 ChaNo: FEA01BA20420

1. Index Mark and Registration

GBF6129T

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

NORIS SERVICES

Effective date of the Commencement of

23 December 2018 Excess Sect I 5\$500.00

insurance for the purposes of the Regulations, Ordinance or Enactment

EX ON WINDSCREEN \$\$100.00

4. Date of Expiry of Insurance

22 December 2019

Persons or Classes of Persons entitled to drive*
(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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 Polciy does not cover.

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : HL BANK 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

ACER INSURANCE AGENCOCHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

21 Woodlands Close #08-44 Primz Bizhub Singapore 737854

Tel: 6777 8323 Fax: 6776 8323

Issued By: Authorised Officer

Authorised Signatory