

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	20/12/2019 17:31
Date Of Accident	19/12/2019 16:15
Exact Location Of Accident	11 BUKIT BATOK WEST AVE 9 NURSING HOME
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN3651Y
Insured/Policyholder	
Name Of Registered Owner	MR MAZRON BIN AYUB
NRIC No	SXXXX653B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90074015
Alternative Phone No	OTHERS-90074015
Vehicle Particulars	
Manufacturer	BMW
Model	320I
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	REPORTING ONLY
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	DMPCSN3079831800
Cover Note Number	
Driver	
Name of Driver	MR MAZRON BIN AYUB
NRIC No	SXXXX653B
Date Of Birth	23/08/1983
Occupation	INDOOR
Date Of Driving Pass	12/11/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90074015
Fax Number	
Contact Number	OTHERS-90074015
Email Address	NOEMAIL

Address	BLK 28B DOVER CRESCENT #02-39
Postcode	132028
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
Was any body injured in the Accident?	NO
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: E/20191220/2002

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	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 20/12/19
1930hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

11 BUKIT BATOK WEST
AVE 9

A - SKN36514

B - BARRIER

HAVING DIFFICULT
TO MOVE
DUE TO THE
AMBULANCE CAR

MY
CAR
A

TOYOTA
CAR

AMBULANCE
CAR

PARK NOT
PROPERLY

BARRIER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refs to the police report: E/20191220/2002

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 20/12/19
143041RS

GUARANTEE POLICYHOLDERS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 20/12/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



E/20191220/2002

1 of 2

POLICE REPORT (NP299)

Report No. E/20191220/2002

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Date/Time Report Made 20/12/2019 02:26	Vide Report No.	Station Diary No. 12		
Name Of Informant MAZRONIZAM BIN AYUB	Address APT BLK 28B DOVER CRESCENT #02-39 SINGAPORE 132028			
ID Type / ID No. NRIC NO / S8325653B	Contact No. Home/Office	Mobile 90074015		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation THERAPIST	Sex Male	Age 36	Date of Birth 23/08/1983	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 19/12/2019 16:15	Location Of Incident 11 BUKIT BATOK WEST AVENUE 9 NURSING HOME SINGAPORE 657995			

Brief details.

On 19/12/2019, at about 1615hrs, I was at Bukit Batok Care Home, located at 11 Bukit Batok West Ave 9, Singapore 657995.

To enter the carpark, I had to go pass a barrier. The barrier opened up for me and I entered the carpark. I did not notice if the barrier arm has fully went down as I was concentrating on the carpark ahead. As I passed by the barrier arm, there was an ambulance which was parked on the right side, in front of me,

Signature Of Officer Recording The Report:

E / Sgt 2 DOUGLAS GOH JIALE

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Insp KHOO MUN YEE
Contact No.: 63914735

Signature Of Informant:

Date/Time:
20/12/2019 02:26

Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191220/2002

not in a proper lot. This caused obstruction to cars that was entering and exiting the carpark as the carpark itself was already congested.

As the traffic in front of me cleared and I moved off, I heard a crashing sound behind me. As if something had collided onto my vehicle. I subsequently went to park my vehicle before making a check as I did not want to block the road.

Upon alighting, I noticed that the rear portion of my vehicle suffered some minor scratches. The paint was also scratched off.

I was later being approached by the management of Care Home who informed me that it is my fault that this incident happened. However, I decided that I will lodge a formal police report for insurance purposes, as well as to disclaim liability in this incident. My vehicle registration plate number is SKN3651Y.

Signature Of Officer Recording The Report:

E / Sgt 2 DOUGLAS GOH JIALE

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Insp KHOO MUN YEE
Contact No.: 63914735

Authentication Stamp



Signature Of Informant:

Date/Time:
20/12/2019 02:26

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2019 (DD/MM/YYYY), TIME: 16:15 (HH:MM)

LOCATION: 11 BUKIT BATOK WEST AVENUE 9 MURSHING HOME
SINGAPORE 657995

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN13651Y
b) INSURANCE COMPANY: CHINA TRIPLES INSURANCE
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 320I
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: MAZROUZZAM BIN AHUB (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58325653B CONTACT: 90074015
c) ADDRESS: 81K 28B DOVER CRESCENT
#02-39

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: 23/08/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: TOA PAYOH POLICE STATION.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: BARRIER MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL :

2) VIDEO :

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.	DMPCEN3079831800	Engine No : A559I283N46B20BD Chassis No: WBAPG56090NL20688
1. Index Mark and Registration Number of Vehicle	SKN3651Y	
2. Name of Policy Holder	MR MAZRONIZAM BIN AYUB	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 DECEMBER 2018 (13:50 HOURS) 26 FEBRUARY 2020	NAMED DRIVERS EX SECT. 1.....\$4750.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. 1 - AGE <= 25.....\$53,000.00 EX SECT. 1 - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....\$3100.00
4. Date of Expiry of Insurance		
5. Persons or Classes of Persons entitled to drive *		

(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 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: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$51,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : CAR HOUSE CAPITAL 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.**

Countersigned By:



Authorised Officer

Authorised Signatory