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 <u>truthful and accurate</u> 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 aforesaid

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		ACCIDENT STATEMENT
	Date Of Report	02/04/2020 15:47
	Date Of Accident	08/12/2019 12:30
	Exact Location Of Accident	TPE EXIT 2 (LOYANG AVE AND PASIR RIS TOWN)
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SJZ3455X
	Insured/Policyholder	
	Name Of Registered Owner	MR EFFENDI BIN SALAMOON
	NRIC No	SXXXX069J
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-97450490
	Alternative Phone No	OFFICE-97450490
	Vehicle Particulars	
	Manufacturer	HYUNDAI
	Model	145-2.0 ABS (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	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	DMPCSN1625701903
	Cover Note Number	
	Driver	
	Name of Driver	MUHAMMAD ZAIM BIN EFFENDI

Name of Driver MUHAMMAD ZAIM BIN EFFENDI

NRIC No SXXXX256H

Date Of Birth 04/09/1993

Occupation OUTDOOR

Date Of Driving Pass 28/12/2012

Driving Experience 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91465054

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 222 HOUGANG ST 21 #06-112

Postcode 530222

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

-

2

NO

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

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 ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

NO

Police Station Address ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2180000 - **FAX NO**: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT F/20191209/7060. REMARK: VEH HAVE BEEN SCRAP.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 11

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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)
 - (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)

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN				
Loyang A	re	TPE		= 537 3455) = Unknown.
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
Reder	to Police	Report	F/2019	1209 / 7060
		7		
PECLARATION We declare the foregoing part	iculars are true in every respec	t.	1	1
Policyholder's Signature Date & Time: 2/4	Driver's Signature (If driver is not the police Date & Time: \$2/64/20	cyholder)	Reporting Centre Po Name: NRIC/FIN No.:	ersonnel's Signature

POLICE REPORT





F/20191209/7060

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POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Report No. F/20191209/7060

Date/Time Report Made 09/12/2019 22:18	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
MUHAMMAD ZAIM BIN EFFENDI	III Named States	K 222 HOU PORE 5302	GANG STREET 2 22	1 #06-112
ID Type / ID No. NRIC NO / S9332256H	Contact Home/C		Mobile: 91465054	
Nationality SINGAPORE CITIZEN	Email Address zaimeffendi93@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Chemical engineering technician	Male	26	04/09/1993	Javanese
(petrochemicals)				
Institution/School Name	Languag English	ge		
Date/Time Of Incident 08/12/2019 12:30 - 08/12/2019 12:45	Location Of Incident APT BLK 222 HOUGANG STREET 21 #06-112			
	SINGAPORE 530222			

Brief details.

I would like to report an accident that I was involved in occurred on 8th December 2019 around 12.30pm to 12.45pm. I was driving my father's silver Hyundai i45, SJZ3455X, alone on TPE to fetch my family.

The accident occurred on TPE Exit 2 (Loyang AVE and Pasir Ris Town) at the filter lane entering the main road. In the filter lane, on the stop line , there was a white Audi vehicle in front trying to enter the

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this		
Not applicable	report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2019 22:18		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191209/7060

main road and was waiting for the traffic to clear on the main road.

When the Audi car moved towards the main road, exiting the stop line, I proceeded to check my blind spot on my right side to see incoming traffic. At the point when traffic was observed to be cleared, I slowly edged the car out towards the main road while observing the incoming traffic. Suddenly, I felt the car jerked and a strange sound was heard. It was at this abrupt moment that I assumed the vehicle had hit the back of the Audi car in-front of me.

Out of shock, I stopped the car and was preparing myself mentally to step out of the car to check out the scene. However, the Audi car was seen to move away from the scene, towards the outer right lane of the main road towards Old Tampines Road. The driver of the Audi car did not stop to check and proceeded with his/her journey.

Simultaneously, there were more vehicles piling up behind me which caused a road blockage, I acted upon the pressure to move the car. I drove the car along the route in which the Audi car was seen to take. I drove until my last recalled sight of the Audi car. Throughout my journey, I was unable to locate the Audi car.

Since the car could not be located and after driving a far distance, I changed my route to 'Compass Green' at Tanah Merah Besar Road to meet my family. Upon reaching my destination, I inspected the vehicle and found the car to attain minor damages on the front side.

Due to the sudden event and in light of being shocked, I am unable to recall the license plate of the audi

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: 09/12/2019 22:18		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp

POLICE REPORT





POLICE REPORT (NP299)

CONTINUATION OF REPORT

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Report No. F/20191209/7060

car and did not have the chance to communicate with the driver.

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.

Date/Time:
09/12/2019 22:18

Officer In-Charge Of Case:

Classification Of Case:



10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

30 Dec 2019

Our ref 3012190501N001459680

EFFENDI BIN SALAMOON APT BLK 222 HOUGANG STREET 21. #06-112 SINGAPORE 530222

Dear MR EFFENDI BIN SALAMOON

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJZ3455X

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 30 Dec 2019. The details are as follows:

Vehicle No.

: SJZ3455X

Application Date

: 26 Dec 2019

Effective Transfer of Ownership Date : 30 Dec 2019

Vehicle Make

: HYUNDAI

Vehicle Model

: 145 2.0 AT ABS AIRBAG 2WD

Chassis No./Trailer Chassis No.

: KMHEC41BMBA224348 / -

Engine No./Motor No.

: G4KDAA572176 / -

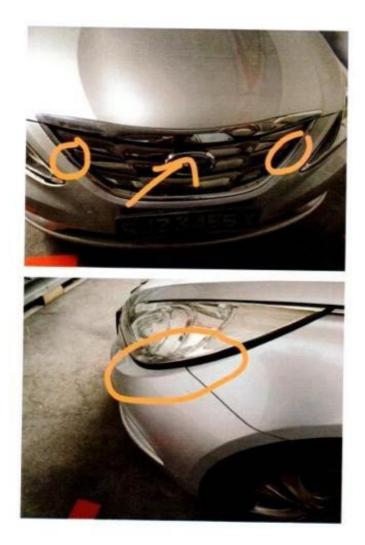
- Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- 3. Thank you.

Yours sincerely

Assistant Registrar of Vehicles Vehicle Licensing Division Land Transport Authority

[This is a computer-generated letter, no signature is required.]

РНОТО



РНОТО



