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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number 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 <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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The state of the s	ACCIDENT STATEMENT
Date Of Report	07/09/2020 09:37
Date Of Accident	05/09/2020 11:55
Exact Location Of Accident	17 PETIR RD TWDS JELEBU RD SLIP RD
Country/State of Loss	SINGAPORE
Target Control of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMS1194M
Insured/Policyholder	
Name Of Registered Owner	SADON BIN HASSAN
NRIC No	SXXXX902E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82934640
Alternative Phone No	OFFICE-82934640
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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	THIRD PARTY
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	DMPCSNW00022592000
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HELMI BIN SADON
NRIC No	SXXXX035Z
Date Of Birth	02/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2018
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82547083

NOEMAIL

Address BLK 268 BUKIT BATOK EAST AVE 4 #07-252

Postcode 650268

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

Insurance Company of Drivers Own Venicle

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

2

NO

NO

1

NO

NO

Weather Conditions RAINING
Road Surface WET

## 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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

REFER TO STATEMENT.

#### 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 SMB3600J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 correctly the details of the accident to speed up the claims process
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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.
- 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:

109/2020

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** 

on 5/a/2020 at about 1454am, my rehide Hand B were stationary along 17 Petir Road towards Jelebu Road at the slip real waiting for the Mattie from Jelebu Road to clear. When the takke was cleared, rehizle B
were stationary along 17 Petir Road towards Jelebu
Road at the slip road waiting for the Matter from Jeleby
Road to clear when the takke was cleared, rehizle B
(Son B3/207) from while left anceded forthe man and
while mounty, vehicle is Sucherly cut into my lare and graze thru my rehicle it (sms 1194m) which was still in the
thru my rehield if (smsligum) which was still in the
Stationary position.

# DECLARATION

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

Policyholder's Signature Date & Time:

GIARMC SketchPlanForm\_V3

Driver's Signature

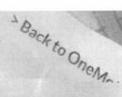
Officers signature (If driver is not the policyholder)

Date & Time: 05/09/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# 中國太平保险(新加坡)有限公司

Motor Private Car

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 (Maleysia)
Motor Vehicles (Third-Party Risks) Rules, 1969 (Maleysia)

MX1/NDF

N SN

AN0006A

Cov. Type:C

CERTIFICATE No.

, DMPCSNW00022592000

Engine No., G4FCAH300804 Cha. No. KNAFW611L86372368

1. Index Mark and Registration Number of Vehicle

4. Date of Explry of Insurance

SMS1194M

AUTOSAFE

2. Name of Policy Holder

SADON BIN HASSAN

Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enectment

28/02/2020

Named Drivers Ex Sect. 1

\$\$1,000.00

(12.37:15)

Additional Ex Other than Named Drivers:

27/02/2021

Ex Sect. 1 - Age <= 25 Ex Sect. 1 - Age >= 26

\$\$3,000.00 \$5500.00

\* Age as at date of accident EX ON WINDSCREEN.

8\$100.00

5. Persons or Classes of Persons entitled to driver

Any persons or classes or presons anseed to crive.

Any 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.

6. Limitations are 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 tution driving test racing pace-making, reliability trial, speed-lesting, the camage of goods other thus samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for lossed occurring outside Singapore (Continuone Total Loss/Theft) will be doubled.

One time Worver of Excess for the first \$\$500 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 GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HP.

\* Limitations randered inoparative by Section 8 of the Motor Yorigins (Third-Party Risks and Compensation) Act (Chapter 169) and Section 35 of the Road Transport Act 1967 (Malaysie), 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 reye

ALFA CREDIT PTE LTO Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE LTO.

lasued By

China Taiping Insurance (Singapore) Ptc.Ltd (Co. Reg. No. 200298384E) #13 Anson Road #16-00 Springled Tower Singapore 079909

CORPRESION

**6**6222 1033

Owww.sg.cntelping.com

From : Premium Carz Services Pte Ltd

Tel : 6636 9100 Fax

Fax: 6636 9113

Email: aunteng@premiumcarz.com.sg

ACCIDENT STATEMENT	dalasa
Date	5/9/2020
Time	11.54am
Location	17 Petir Road towards Jelebu Rd CS SMS1194M MODEL: Kita Cerato Kouf
VEHICLE (A)	SMS1194M MODEL: Kita cerato Kouf
Name of owner	Sadon BM HUSEN
NRIC no	51690902E
Date of birth	
Occupation	Indoor / Outdoor ,
Gender	Male / Female
Contact	HP: 81434640Tel: Fax:
Address	
Driving Passed date	
Email Address	0
Type of claim	Own Damaged / Third Party / Reporting Only
Insurance Company	China Topping
Type of Policy	Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy number	
Name of driver	Mahammad Helmi BM Saden
NRIC no	643150357
Date of birth	2/5/1993
Occupation	Indoor / Outdoor
Gender	Mjalje / Female
Contact	8254 7083
Address	BIL 218 Bt Britok Bast Hvenue 4, #07-7
Driving Passed date	4 6 2018 56502
Email Address	Markhor Egmail com
Relationship with the Insured	Owner / Children / Spouse / Employee / Others:
Does the driver own any other vehicle	No / if Yes : Vehicle no: Ins. Co:
Type of Collision	
Weather conditions / Road surface	Clear / Raining - Dry / Wet / Others:
Any Police Report lodged	No/ Yes: Where?
Notice of Intended Prosecution Given?	No / Yes : Against who?
	No / Vehicle no?
Anybody injured in the accident?	
Any other material or property damaged?	No / Yes : Vehicle no:
Any foreign vehicle involved ? Any video captured by car camera ?	No/ Yes
Number of passengers (including driver)	F: _ M: _
Have you been approached by unknown	
offering accident claims assistance?	person soliciting (s) / YES (NO)
VEHICLE (B) - THIRD PARTY	5mB3600J
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Number of passengers (including driver)	
Exact Purpose Use	Private Car / Commercial / Hire & Reward
Insurance Company	
Details of Witness	Name: HP:
Details of Withess	Email:
Other Vehicles	(C) (D)
Other Vehicles	101
Number of passengers (including driver)	