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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

			_	
ACC	DEN	111 17.	11-11	112

Date Of Report

21/09/2020 09:38

Date Of Accident

18/09/2020 19:05

Exact Location Of Accident

PIE TOWARDS CHANGI BEFORE TOA PAYOH LOR 6 LANE 1

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJY1236E

Insured/Policyholder

Name Of Registered Owner

THARIQ

NRIC No

SXXXX032F

Email Address

NOFMAIL

Mobile Phone No

(LOCAL) +65-83639796

Alternative Phone No

OFFICE-83639796

Vehicle Particulars

Manufacturer

MITSUBISHI

PRIVATE USE

Model

LANCER

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

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

DMPCSNW00106382000

Cover Note Number

Driver

THARIQ Name of Driver

SXXXX032F NRIC No Date Of Birth 27/10/1993 INDOOR Occupation

Driving Experience 4 YEARS AND 1 MONTH

Gender

MALE

01/08/2016

Mobile Number

Date Of Driving Pass

(LOCAL) +65-83639796

Fax Number

Contact Number

OFFICE-83639796

EMail Address

NOEMAIL

Address

BLK 421 HOUGANG AVENUE 10

#03-309

Postcode

530421

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

CHAIN COLLISION

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

3

NO

Was any body injured in the Accident? 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)

Passenger 1

NAME:

MOHAMED AMEER MUSTAFA

GENDER:

: MALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBL1230J

Vehicle Make/Model/Colour

NISSAN NOTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LING SIN YEE, MICHELLE

NRIC/Passport Number

SXXXX102A

Contact Number

98892701

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMH7286A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

LEU WEI LIANG

SXXXX451F

91783998

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 5. 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:

- (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.

Palicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre

Name:

NRIC/FIN No.:

PIE POWORDS CHONGI BRIFORK

We hicle B: SSM 1236 To Vehicle C: SMH 7286 A

Was Payort Lor b, Upur 1

B

LC

LC

Vehicle A: SSM 1236 To Vehicle B: SSM 1236 To Vehicle C: SMH 7286 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The state of the s
On 18 Sept 2020 at around 7.05 pm. I was travelling along PIE towards Chair
before Ton Payon Lov b. Lane 1 when the vehicle infront of me suddenly sta
so I follow suit to stop my vehicle (SJY 1236E), after a few seconds I sudde
felt an impart from the year of my relaide. When I got off the car, I realise
vehicle By had collided to the near of my vehicle and there was vehicle C
(SMH 7286 A) behind it.
I wish to state that I have in-car camera video footage of the accident.

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.:

KOSI WATON

Date of Accident	: 18/9/2020 Accident Time: 7:05 PM (24-HR-FORMAT)		
Accident Place	: PIE towards Changi before Ton Payon Lor 6, Lane 1		
Vehicle Reg, No (Car plate No.)	: SSY 1236 E Vehicle Make/Model: Mitsubish.		
Insurance Company	: China Taiping Policy No. DMPCSNW DOLDG38200		
Name of Registered Owner	: Company / Individual Thong		
ID of Registered Owner	: Co Reg No: - Owner's NRIC No: \$4372021F		
	: Co Contact No: Owner's Contact No: 8363 9296		
DRIVER'S Name	: Than'q DRIVER'S NRIC No: S9372 032 F		
DRIVER'S Date of Birth	: 27/10/1993 DRIVER'S License Pass Date 1/8/2016		
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Quan		
DRIVER'S Address	: Apt BIK 421 Hougang Avenue 10 # 03-309 (5) 530421		
DRIVER'S Contact No./ Alt No.	:1) 8363 9796 2)		
DRIVER'S Occupation	(NDOOR)(OUTDOOR (eg. working inside or outside of an ofc)		
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 I Was the accident reported to the po Was there any video Captured by o Exact purpose for which vehicle w	blice? YES (NO)		
Othe	er Party Driver's Particulars (if any)		
Vehicle Reg No S&L 1230 3	Vehicle Reg No: SMH 7286 A		
Vehicle Make\Model: NosAn Nos	Vehicle Make\Model:		
Name DRIVER: Ling Shy Yee, Mic	hele Name DRIVER Leu Wei Liang		
IC No. DRIVER: \$ 8134101 A			
DRIVER'S Contact & add: 4889 13	U\ DRIVER'S Contact & add: 912 & 3 99 \$		
Name: MR Mohamed Am	eer Mustafa		
D101 (I)			



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1F

N SN

AN0561A

Cov. Type C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Componisation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Componisation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE No.

DMPCSNW60106382000

Engine No.: 4A910144910 Cha. No.: JMYSRCY2AAU001640

1. Index Mark and Registration

SJY1236E

Number of Vehicle

THARIO

2. Name of Policy Holder

Named Drivers Ex Sect. I

\$3500.00

Effective date of the Commentement of haurance for the purposes of the Regulations. (08:49:20)

14/08/2020

Additional Ex Other than Named Drivers:

4. Date of Expry of Insurance

13/08/2021

Ex Sect. 1 - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26 * Age as at date of accident

EX ON WINDSCREEN .

\$\$100.00

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 faws 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 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 fultion 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 Walver of Excess for the first SS500 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.: TOKYO CENTURY LEASING (S) PTE LTD

Limitations randered inoperative by Section 8 of the Motor Vetucles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), ere 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.

Issued By: VENTURE CREDIT PTE LTD Authorised Officer

Authorised Signatory

GENERAL INSURANCE

RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM . (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: Name(as shownin NRIC): NRIC/FIN/Passport No : ("Vehicle Driver / Vehicle Owner) (") Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: Email Address Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 19:05 Hes

Policyholder / Driver's Signature Date:

Reporting Centre Personge

Name NRIC/FINNO.

Date: