



## 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	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
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1236E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THARIQ
NRIC No	SXXXX032F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83639796
Alternative Phone No	OFFICE-83639796
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00106382000
Cover Note Number	
<b>Driver</b>	
Name of Driver	THARIQ
NRIC No	SXXXX032F
Date Of Birth	27/10/1993
Occupation	INDOOR
Date Of Driving Pass	01/08/2016
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(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
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)	2
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	

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH7286A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEU WEI LIANG
NRIC/Passport Number	SXXXX451F
Contact Number	91783998
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## SKETCH PLAN


### IMPORTANT NOTICE


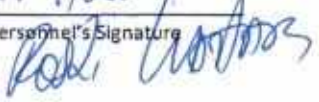
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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) 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.

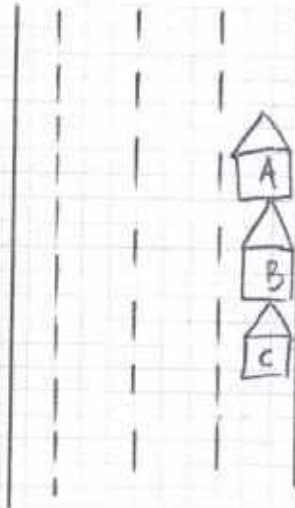
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SKETCH PLAN

PIE TOWARDS CHANGI  
TOD PANGH LOR 6, LANE 1



Vehicle A: SSY 1236 E  
Vehicle B: SBL 1230 J  
Vehicle C: SMH 7286 A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 18 Sept 2020 at around 7:05 PM, I was travelling along PIE towards Changi before Tod Pangh Lor 6, Lane 1 when the vehicle in front of me suddenly stop so I follow suit to stop my vehicle, (SSY 1236 E), after a few seconds I suddenly felt an impact from the rear of my vehicle. When I got off the car, I realised (SBL 1230 J) vehicle B had collided to the rear 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:

 21/09/2020  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:



Date of Accident : 18/9/2020 Accident Time: 7:05 PM (24-HR-FORMAT)  
Accident Place : PIE towards Changi before Toa Payoh Lor 6, Lane 1.  
Vehicle Reg. No (Car plate No.) : S34 1236 E Vehicle Make/Model: Mitsubishi  
Insurance Company : China Taiping Policy No. DMPLSNW 00106382000  
Name of Registered Owner : Company / Individual Thang  
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S9372032F  
: Co Contact No: - Owner's Contact No: 8363 9796  
DRIVER'S Name : Thang DRIVER'S NRIC No: S9372032F  
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: Owner  
DRIVER'S Address : Apt B1K 421 Hougang Avenue 10 #03-309(S) 530421  
DRIVER'S Contact No./ Alt No. : 1) 8363 9796 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ 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 Driver): 2 people  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera? YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SBL 1230 J  
Vehicle Make/Model: Nissan Note  
Name DRIVER: Ling Sin Yee, Michelle  
IC No. DRIVER: S8234102A  
DRIVER'S Contact & add: 9889 2701

Vehicle Reg No: SUH 7286A  
Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: Leu Wei Liang  
IC No. DRIVER: S8629451F  
DRIVER'S Contact & add: 9128 3998

Name: M R Mohamed Ameer Mustafa  
Gender: Male

Motor Private Car

MX1F

N SN

AN0561A

Cov. Type C

### 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, 1963 (Malaysia)

CERTIFICATE No.

DMPCSNW00106382000

Engine No.: 4A910144910

Cha. No.: JMYSRCY2AAU001640

1. Index Mark and Registration  
Number of Vehicle

SJY1236E

2. Name of Policy Holder

THARIQ

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

14/08/2020  
(08:49:20)

Named Drivers Ex Sect. I

\$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$53,000.00

Ex Sect. I - Age >= 26

\$5500.00

\* Age as at date of accident

EX ON WINDSCREEN

\$5100.00

4. Date of Expiry of Insurance

13/08/2021

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 \$5500 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 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.

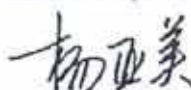
**I/We hereby Certify**

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.

Issued By: VENTURE CREDIT PTE LTD  
Authorised Officer



Authorised Signatory



**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 : MAY 2008 K 66 Vehicle Registration No: SJY/1236E  
Name (as shown in NRIC) : THARIQ NRIC/FIN/Passport No : Sxxx031F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 83639796  
Email Address : \_\_\_\_\_  
Date of Accident : 18/09/2020 Time of Accident : 19:05  
Place of Accident : PAZ TOWARDS CHANGI B/F on Orbit LRG, LKIA /  
Insurance Company : CITIA IMPIALS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIME OF ACCIDENT TO 19:05 HRS

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: 21/09/2020  
Date: