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Policy No: () Per	riod: (-)	Cover Type: ()	
Confirmed by : ((9)	Date:	Time:)	
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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.
- 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

Automotive and a second a second and a second a second and a second a	
PROPERTY OF THE PROPERTY OF TH	ACCIDENT STATEMENT
Date Of Report	16/10/2020 09:49
Date Of Accident	15/10/2020 18:40
Exact Location Of Accident	BLK 25 EUNOS CRESCENT CARPARK
Country/State of Loss	SINGAPORE
have been a supplied to the second of the se	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMU4827R
Insured/Policyholder	
Name Of Registered Owner	TAUFIQ ABDUL AZIM BIN MOHAMED AZMAI
NRIC No	SXXXX864A
Email Address	TAUFIQABDULAZIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81123242
Alternative Phone No	OFFICE-81123242
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	DMPCSNW00111652000
Cover Note Number	
Driver	

Driver

Name of Driver TAUFIQ ABDUL AZIM BIN MOHAMED AZMAI

 NRIC No
 SXXXX864A

 Date Of Birth
 22/11/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 03/06/2010

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81123242

Fax Number

Contact Number OFFICE-81123242

EMail Address TAUFIQABDULAZIM@GMAIL.COM

Address BLK 25 EUNOS CRESCENT #03-3053

Postcode 400025

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

2

NO

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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SJH9067M

YES

NO NO

Vehicle Registration Number 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

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

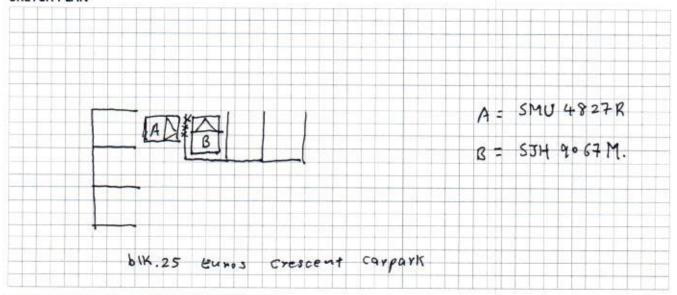
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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and	caus	ing	my	Veh	m.ve	for	waro	h:t	onto	another
park	Veh	В	left	front	por	+1:00.				

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

NRIC/FIN No.:



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Motor Private Car

MX1F

SN

AN0596A

Cov. Type:C

CERTIFICATE OF INSURANCE ofor 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.

DMPCSNW00111652000

Engine No.: R16B22000729

Cha. No.:MRHFC5650HT000371

Index Mark and Registration

SMU4827R

Number of Vehicle

2. Name of Policy Holder

TAUFIQ ABDUL AZIM BIN MOHAMED AZMAI

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

22/08/2020

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

21/08/2021

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

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

* 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 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 S\$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.: OCBC BANK 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.

Issued By: AUTO ZOOM CREDIT PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com

ACCIDENT STATEMENT

ACCIDENT DATE: (5/12) 22 (DD/MM/YTY), TIME:(_	18. 40
LOCATION: Eumos Crescent carpark	
1. DETAILS OF VEHICLE	
CIVELUOIS AND ASSESSMENT OF THE PROPERTY OF TH	p (-1
DINCIPANCE COLLEGE	17.00
C)POLICY NUMBER:	
dipolicy typs: 1000	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD	PARTY FIRE &THEETI
e)MAKE & MODEL: Handle Cruic	The wine in
f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTOR) g) VEHICLE CATEGORY: (PRIVATE / COMMERCE)	CYCLE / OTHERS
ALCIDENT TIME.	17 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2
THE TO SENIMING UNDER YOUR OWN INCIDENTAL TO	1220000000
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING C	NTY)
A)NAME: Taufiq Abdul Azim Bin Mohame b)NRIC/FIN/PASSPORT:	MALE / FEMALE)
b)NRIC/FIN/PASSPORT:CONTAC	T: 811 23 242
CJADDRESS:	
* CONTINUE TO 2 1/2	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
(Including driver) alNAME: As Above.	
OINKIC/FIN/PASSPORT.	ALE / FEMALE)
C)ADDRESS:CONTAC	T:
702/002	
*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	
TOOCH ANON, INDOOR / OUTDOOR	
I) TEAKS OF DRIVING EXPREPIENCE.	1880
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA	NY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / BANNING / CTURE)	owner.
	1
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	* .
IF YES, PLEASE STATE WHICH POLICE STATION:	
O. HIND PARTI VEHICLE	
of passenger a) VEHICLE NUMBER. STLL Q.CO.M	
nduding driver) b) DRIVER'S NAME:	
() NRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE CONTACT:	
d) VEHICLE NUMBER	
DRIVER'S NAME: MODEL:	
NPIC/FIN/PASSPORT	
(_) CONTACT:	
	8
RSPU@LKKAUTO. COM	1/
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