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

| aforesaid. | | | | | | |
|--|---|--|--|--|--|--|
| | 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 | | | | | |
| D | ETAILS 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? | YES | | | | | |
| If No, Please state action to be taken | | | | | | |
| Vehicle Category | PRIVATE CAR | | | | | |
| Insurance Company | | | | | | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | | | | | |
| Type Of Coverage | COMPREHENSIVE | | | | | |
| Fleet Policy | NO | | | | | |

DMPCSNW00111652000

| Cover Note | Number |
|------------|--------|
| Driver | |

Policy Number

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

BLK 25 EUNOS CRESCENT #03-3053 Address

Postcode

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 **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

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.

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

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? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1 SJH9067M

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

Accident Sketch Plan

SKETCH PLAN

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- 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 the purpose of the pu
 - 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:

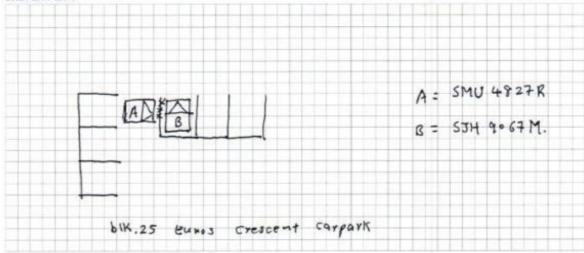
Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| When | 1 | + | ry to | ne | verse | into | a | empty | Lot, | I |
|----------|------|------|-------|-------|-------|-------|------|-------|------------------|---------|
| haven 't | 24 | gase | of th | e re | verse | sear | Camo | 1 1 | accele accete | rator |
| and | caus | ·ng | my | Veh | mive | for | ward | / hit | onto | anothes |
| park | Veh | В | left | front | - per | 4100. | | | | |
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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.:

GIARMC SkitchPlanForm_VII

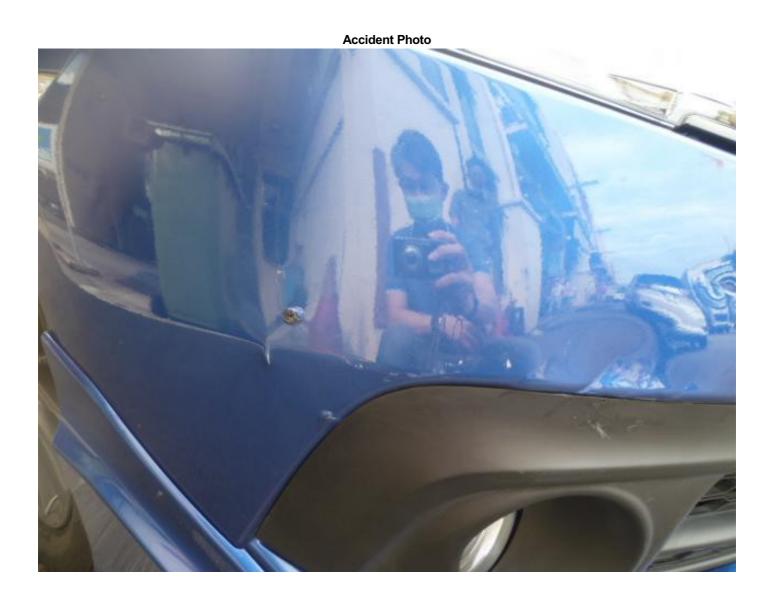


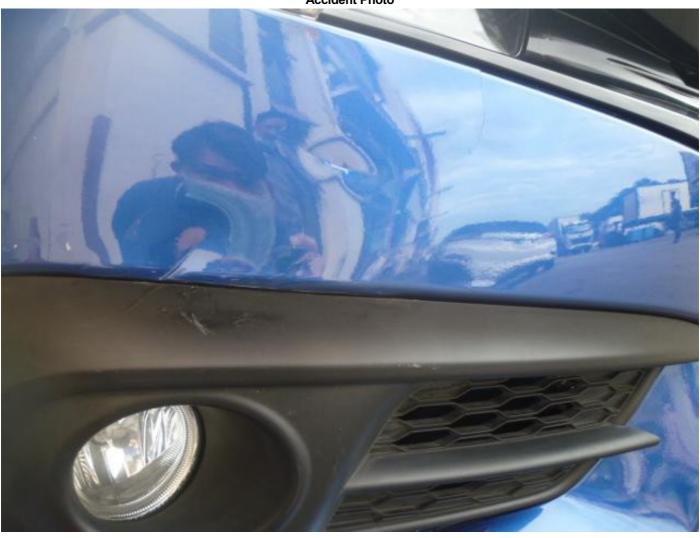


























Addendum Sheet



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: \$66550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: __Vehicle Registration No: ___ SMU 4827R. Original Report No : MNA 120090497 Mohamed Azmai Name(as shown in NRIC): Taufig Abdul Azim Bin NRIC/FIN/Passport No: 5xxx 864A (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(: Mobile No.: 81123 24 2. Contact (Tel) Email Address Date of Accident : IS /10 / 20 Time of Accident: 18:40 Place of Accident : BIK 25 Euros Crescent Carpark Insurance Company: China Taiping (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: Amend Revert from Reporting to Own damage claims.

Policyholder / Driver's Signature
Date: 1910 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date:

19/10/201