

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 Submission	08/12/2020 15:38 (SGT)
Date of Accident	07/12/2020 19:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP ROAD TOWARDS JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3726G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMAD ABU ALAM ABDUL MAZID MADBAR
NRIC No	SXXXX053F
Email Address	madbaralam@gmail.com
Mobile Phone No	(Phone) +65-90214641
Alternative Phone No	+65-90214641

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Fortuner
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00181872002
Cover Note Number	

DRIVER

Name of Driver	DIDAR
Passport No/FIN	GXXXX5510

Date Of Driving Pass	07/05/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83896212
Alt. Phone Number	-
Email Address	madbaralam@gmail.com
Address	BLK 116 #09-108
Address complement	BEDOK RESERVOIR ROAD
Postcode	470116
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9069Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	
Address	DIDAR
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SJR3726G
Was this injured conveyed to hospital by ambulance?	Yes
	No

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

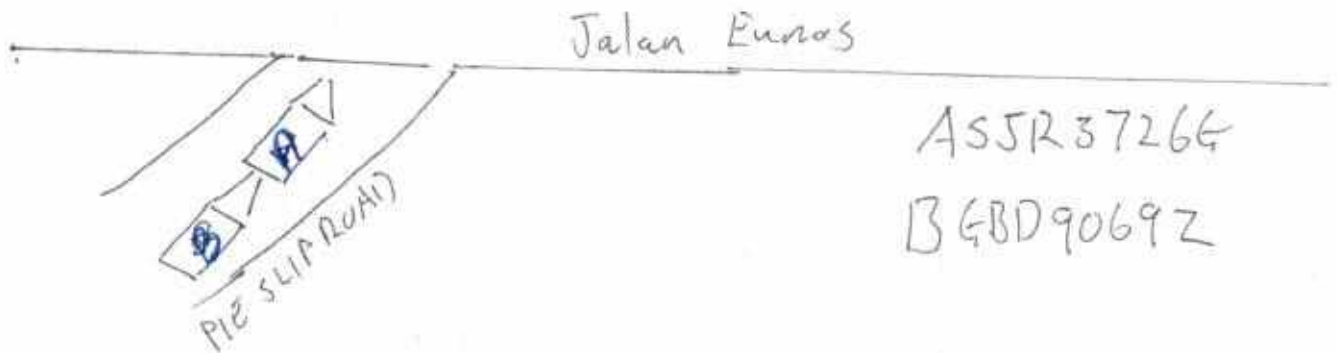
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 claim; (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 cited 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 Supervisor's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at PIE SLIP ROAD I stopped my vehicle completely at the stop line to give way for the oncoming vehicle suddenly I felt a strong impact from my rear so I alighted from my car I saw vehicle B have collided onto my rear due to the impact my rear was badly damage.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature:
(if driver is not the policyholder)

[Signature] 08/11/2020
Reporting Centre Person's Signature
Name:

Date of Accident: 07/12/2020 Accident Time: 1915 (24-HR-Format)
Accident Place: PIE slip Road toward Jalan Kuras
Vehicle No. (Car Plate No.): SJR 37264 Make/Model: _____
Insurance Company: CHINA TAIPIING Policy No: DMPLSNW00181872002
Owner or Company Name / IC No.: MOHAMAD ABU ALAM ABDUL MAZID MADBAR ST185053F
Owner or Company Contact No.: _____ Owner's Hp: 90214641 Company Tel: _____
DRIVER'S Name / IC No.: DIDAR 061974806
DRIVER'S Date Of Birth: 01 FEB 1977 DRIVER'S License Pass Date: 07 MAY 2019
Relationship of Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others: _____
DRIVER'S Address: 18 Kaki Bukit Rd. 3 #01-11 S(415978)
DRIVER'S Contact No./ Alt No.: 1) _____ 2) 83896212
DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address: madbaralam@gmail.com info@carsmith.biz
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): 01
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
Any Injury (If YES, Pls state): 01

Other Party Driver's Particular (if any)

Vehicle No: <u>GBD 90692</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No, Driver/Contact: _____	IC No, Driver/Contact: _____

* NEW - Passenger's name & gender:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

AN0576A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1993
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No

DMPCSNW00181872002

Engine No. 2TR5776519

Cha No. MR0ZX690400021649

1. Index Mark and Registration
Number of Vehicle

SJR3726G

AUTOSAFE

2. Name of Policy Holder

MOHAMAD ABU ALAM ABDUL MAZID MADBAR

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

02/12/2020
(00 00 00)

Named Drivers Ex Sect. I
Additional Ex Other than Named Drivers

\$51,500.00

4. Date of Expiry of Insurance

01/12/2021

Ex Sect. I - Age <= 25

\$53,000.00

Ex Sect. I - Age >= 26

\$3500.00

* Age as at date of accident

EX ON WINDSCREEN

\$5100.00

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 \$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. LAKE VIEW CREDIT PTE 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

of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Issued By

1 MARKETING AGENCY

Authorised Officer

Authorised Signatory

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

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6222 1033

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