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 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.

- 4. The issue and acceptance of this is form by instrained 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 02/01/2021 15:27 (SGT) Date of Accident 01/01/2021 13:45 (SGT) Exact Location of Accident Bef Punggol Road, Singapore Additional Location Information ALONG TPE TOWARDS SLE AFTER EXIT 5 (IKEA) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC4726D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD FAHMI BIN MANSOR NRIC No. S8742676I Email Address MUHD FAHMI@HOTMAIL.COM Mobile Phone No (Phone) +65-84442112 Alternative Phone No +65-84442112

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNA0017362002 Cover Note Number

DRIVER

Name of Driver MUHAMMAD SHAHRZAL BIN MOHTOV NRIC No S9209580J Date Of Birth 02/03/1992 Occupation Outdoor

Date Of Driving Pass 08/10/2015 Driving experience 5 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-87534292 Alt. Phone Number Email Address MUHD.SRZ@HOTMAIL.COM Address **BLK 230 TAMPINES STREET 23 #03-122** Address complement Postcode 524230 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver FBP3710G Insurance Company of Other Vehicle Owned by Driver **NTUC** GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 (Fax) +65-65871699

Alt. Police Station Phone No Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? Nο If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED 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 SLS2057G Vehicle Manufacturer Hyundai Vehicle Model Elantra Vehicle Variant Vehicle Colour Red Vehicle Category Private car Name of Driver TAY CHEE MENG NRIC No S8376495C

Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	REAR
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	_
Gender	Female

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

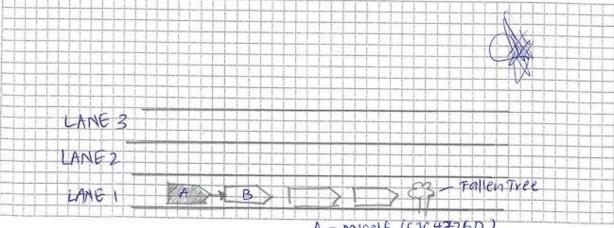
Policyholder's Signature / Date &

02/01/2021 HONKS

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - Myself (SJC4726D) B - Other party (SLS2077G)

escribe C	ircumstance	s of the	Accident			
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Declaration

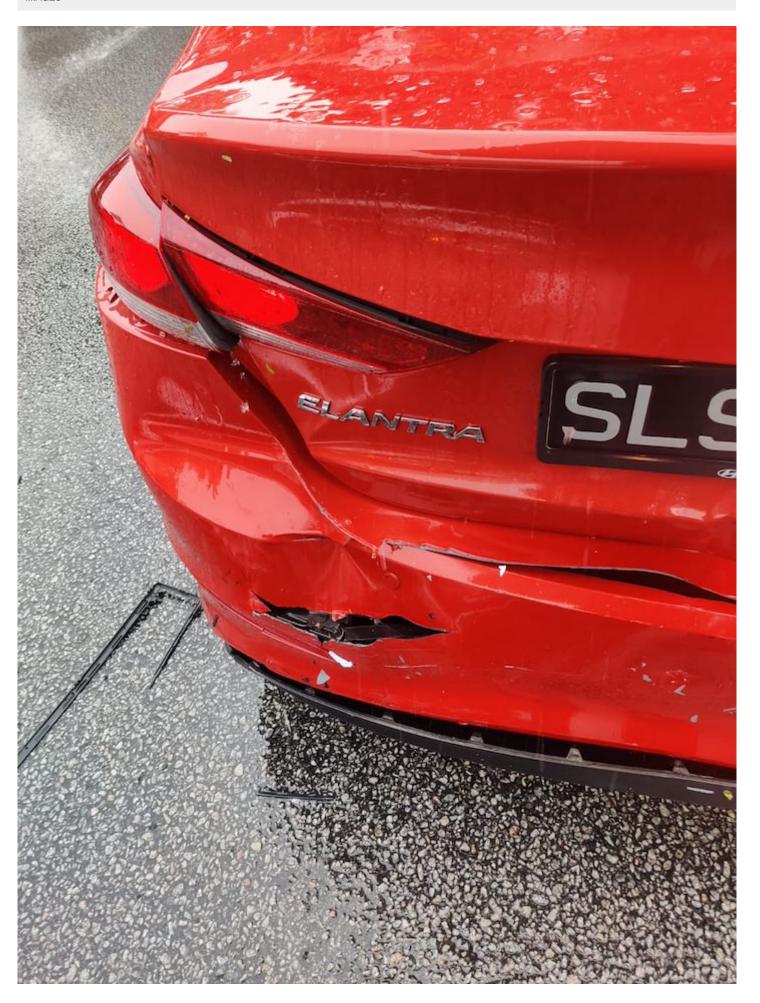
I/We declare the foregoing particulars are true in every respect.

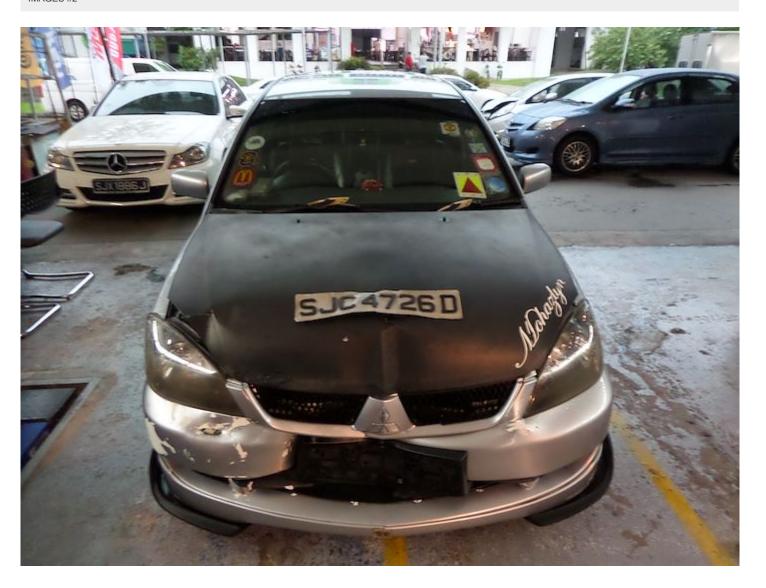
Policyholder's Signature / Date & Time

02/01/2021 1025 HOUPS

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

Witnessed by Reporting Centre Personnel

























Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3 Report No. T/20210101/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 15:13			Vide Report No.:	Station Diary No.: 66			
Informa	nt's Partic	ulars					
Name of Informant:			Address:				
MUHAMMAD SHAHREZAL BIN			APT BLK 230 TAMPINES STREET 24 #03-122 SINGAPORE				
MOHTOV			524230				
ID Type / ID No.:			Contact No.:				
NRIC NO / S9209580J			Home/Office: Mobile: 87534292				
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex:	Age:	Date of Birth: 02/03/1992	Type of Informant:				
Male	28		Driver				
Race: Javanese			Language:	Institution / School Name:			
Occupation:			Driving Licence Information:				
Police officer			Class: 2B,2A,2,3 Date of Expiry:				

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2021 13:45	Type of Location: EXPRESSWAY	
Location:					
TAMPINES E Weather: Heavy rain	EXPRESSWAY	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Moving Vehic	sion: cle Against - Others			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	UPAIL !	THE PROPERTY OF	CONTRACTOR OF THE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJC4726D	Car	MITSUBISHI		Silver		0
SLS2057G	Car	HYUNDAI		Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

2 of 3 Report No. T/20210101/2042

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver	THE RESIDENCE OF THE PARTY OF T	250000			10 Table	
Name	MUHAMMAD SHAHREZAL BIN MOHTOV			ID No		S9209580J
Related Vehicle	SJC4726D (Car)			Conta	ct No.	87534292
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	NIL Date D				
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
Driver						
Name	TAY CHEE MENG			ID No		S8376495C
Related Vehicle	SLS2057G (Car)			Contact No.		97728583
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	NIL		Degree of Injury NIL			

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SJC4726D along TPE towards SLE near exit 5 at the first lane. While I was driving, the vehicle infront of mine, SLS2057G made an emergency brake causing me to jam my brakes. I however did not manage to stop in time thus collided to the rear of the said vehicle. We made a check at found out that there was a fallen tree which was 2 vehicles infront of the vehicle I collided into. We then exchange particulars and took pictures of the accident. There was no traffic police or ambulance at scene. I do not have an inbuilt car camera. Damages to my vehicle are dent and scratches to the front bumper.

I am lodging this report for my insurance follow up.





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 3 Report No. T/20210101/2042

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

G / Sgt 3 ABDUL RAHMAN BIN M	. /\ .	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 01/01/2021 15:13	
Officer In Charge Of Case: TP / GIA /	-	Classification Of Case:	
Staff Sgt WONG SIEU LUI Contact No.: 65476151	SINGAPORE POLICE FO	The last the	
Authentication Stamp	1 4		



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

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, 1959 (Malaysia)

AN0472A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00017362002

Engine No.: 4G18JN2732

Cha. No.:JMYSTCS3A8U005255

Index Mark and Registration

SJC4726D

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

4. Date of Expry of Insurance

MUHAMMAD FAHMI BIN MANSOR

20/02/2020

19/02/2021

Named Drivers Ex Sec (1

\$\$500.00

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

Additional Ex Other than Named Drivers

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 28 \$\$3,000.00 \$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

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.

Accident

Hotline: 96214 666 24 Hours / 7 Days

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 fulfion 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 doubted.

will be doubled.

One time Walver 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.: INDEX 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 [ever NSURANCE AGENCY PTE LTD

3LK + -- 16 TAMPINES ST. 93 9911 1., SINGAPORE 528840

Issued By: Authorised Officer For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

🛪 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q63896111

₹6222 1033

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