## **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 25/03/2021 16:13 (SGT) Date of Accident 25/03/2021 13:30 (SGT) Exact Location of Accident Yio Chu Kang, Singapore Additional Location Information YIO CHU KANG TOWARD SENGKANG ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJD2059D

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMED ASRAF BIN ZAINOL ABIDIN NRIC No. SXXXX362Z Email Address AS FIANA 362@YAHOO.COM Mobile Phone No (Phone) +65-84984389 Alternative Phone No +65-84984389

### 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1998

### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00045112103 Cover Note Number

### DRIVER

Name of Driver MOHAMED ASRAF BIN ZAINOL ABIDIN NRIC No. SXXXX362Z

Date Of Birth 23/07/1976 Occupation Outdoor Date Of Driving Pass 11/01/2010 Driving experience 11 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-84984389 Alt. Phone Number +65-84984389 Email Address AS\_FIANA\_362@YAHOO.COM Address BLK 450B SENGKANG WEST WAY #23-341 Address complement Postcode 792450 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER SKETCH PLAN ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBG7762C
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Goods vehicle

Name of Driver	LIM MUI KHING
NRIC No	SXXXX727C
Contact Number	(Phone) +65-96210270
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	2

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Address Address Complement	MOHAMED ASRAF BIN ZAINOL ABIDIN APT BLK 507 BEDOK NORTH AVENUE 3 #04-455
Post Code	460507
Approximate Age Years Old	45
Injuries Sustained	-
Injured person in which vehicle?	SJD2059D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

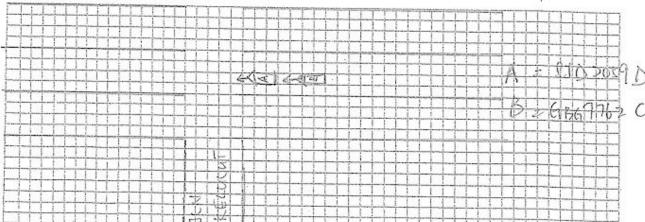
l understand, acknowledge, agree and consent that :

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

X 25/2/21		Cappe
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre
Sketch Plan		7000



Déscribe Grictinistances of the Accident > 1330HPS ALONA Chu KANG RD TOWARDS HS. Bron ROPERACHING @ TRAPPIC LIGHT THE LIGHTS THER AMBER gun. DONN TO PREPARE FOR STOP. WHEN VENICLE appor REOUT STUP SILVER MOVOTA TRUCK NUMBER: GRAFIGZC PAMMED 11/19 REAR MND EMPART FUETHER MM DISTANCE THE LADY DRIVER ROWITIED NOSONO APOLOGIOF SHE CMO DIDNI AND ANR E TANT THECE CHAMERA THE LIGHT. 0.11

### Declaration

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

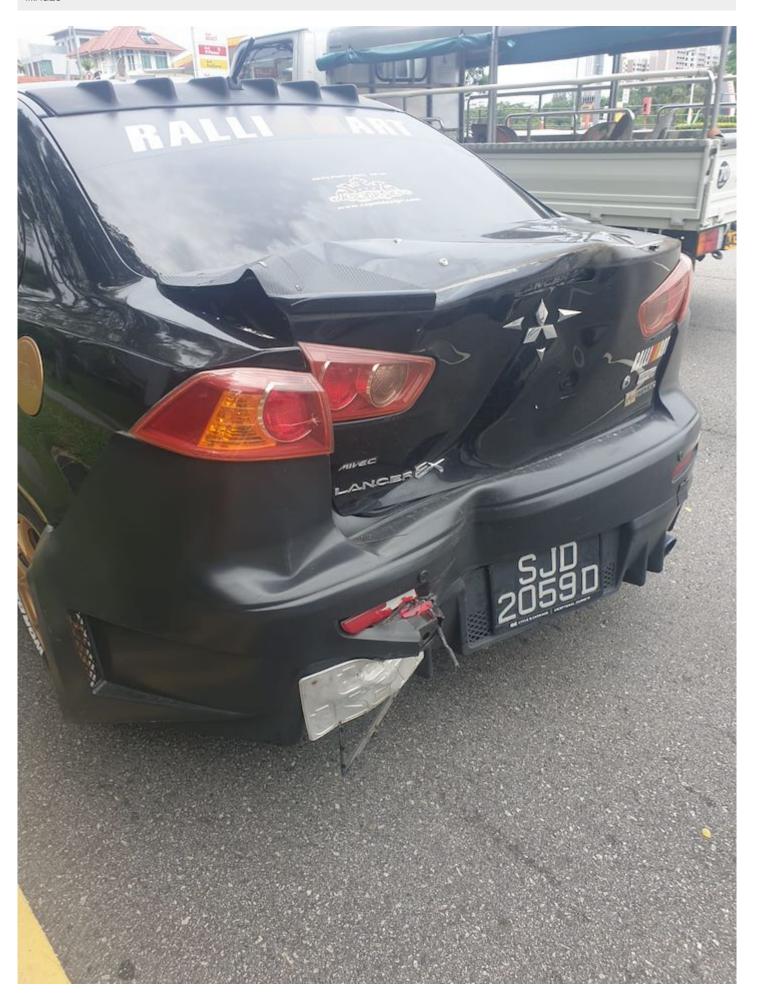
1520,DS

x Asexp /3/21

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

Witnessed by Reporting Centre Personnel Saud

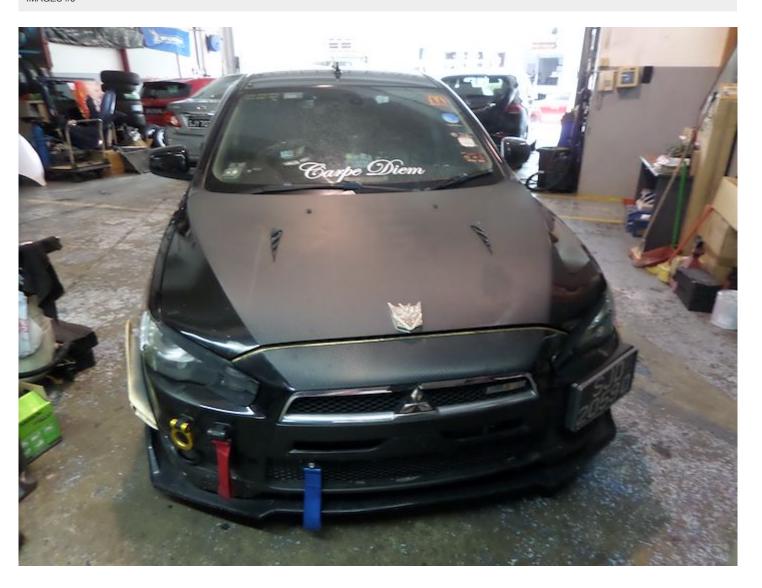
Policyholder's Signature / Date & Time





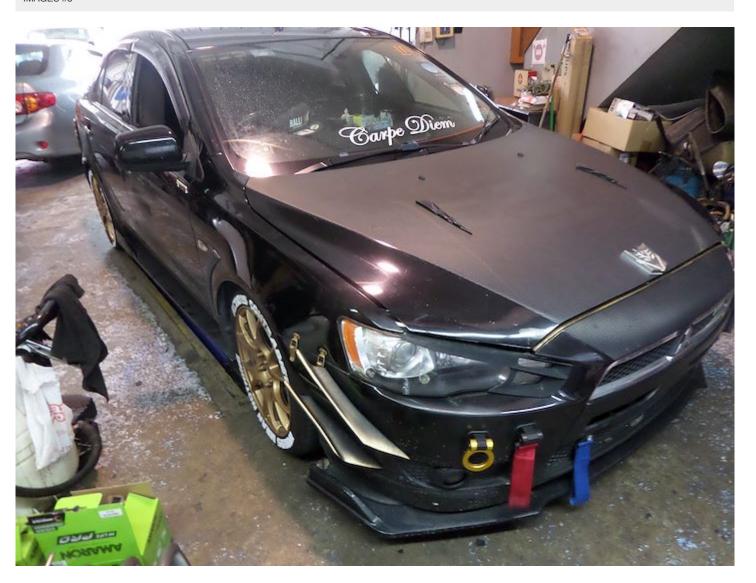


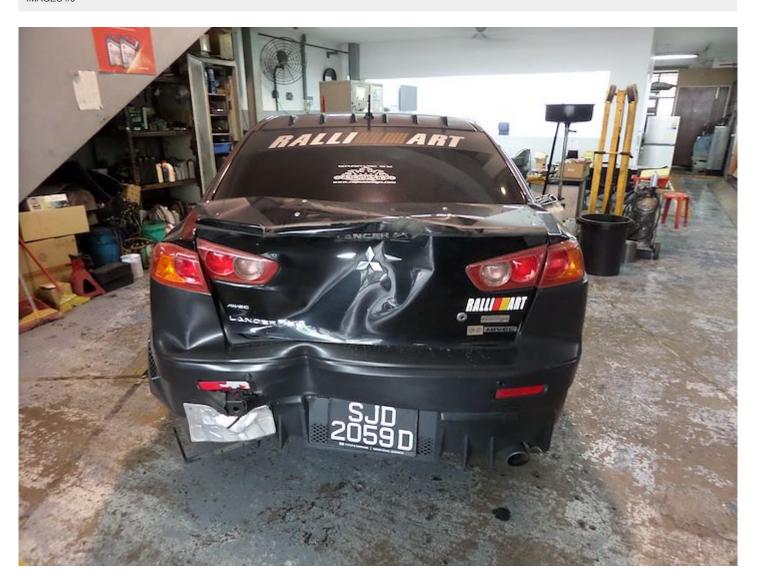


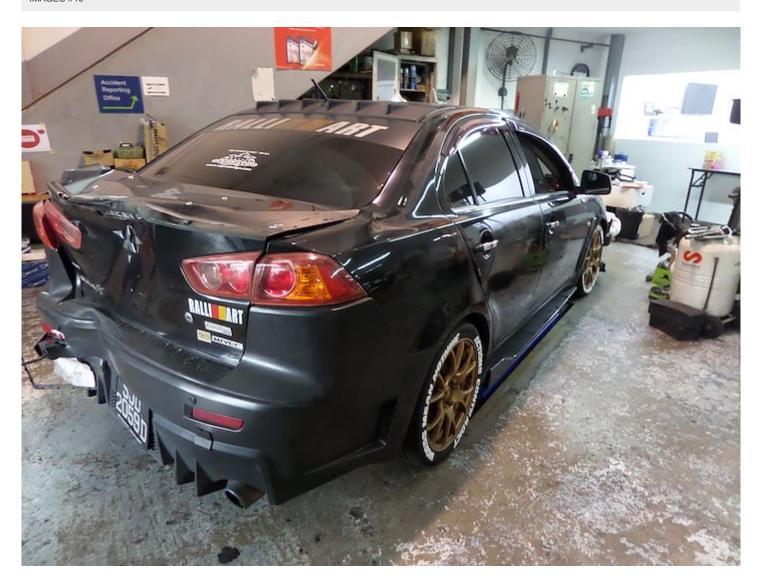


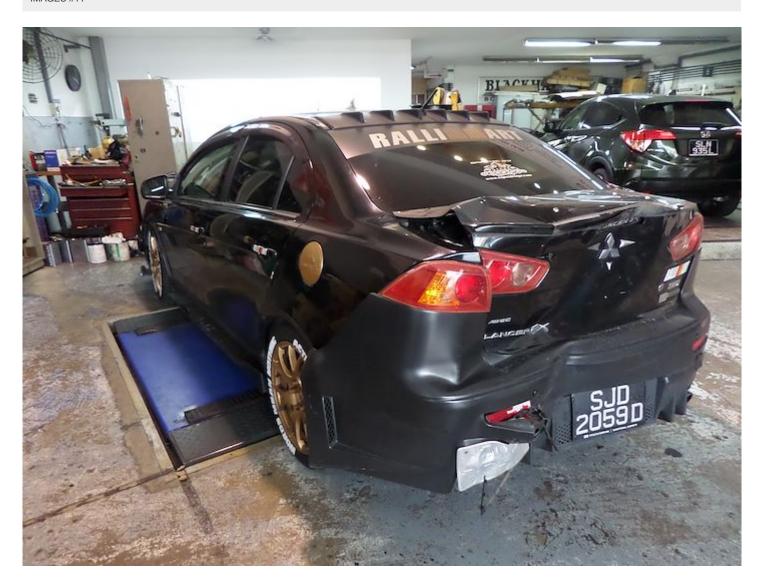


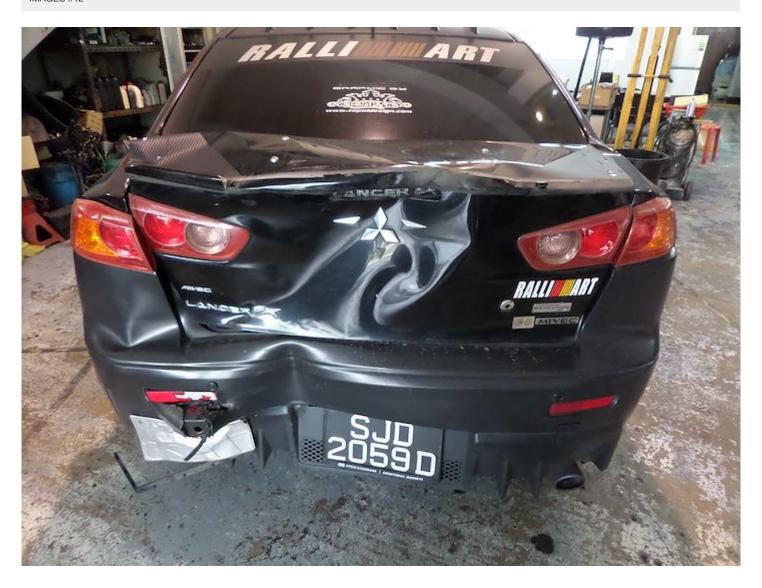


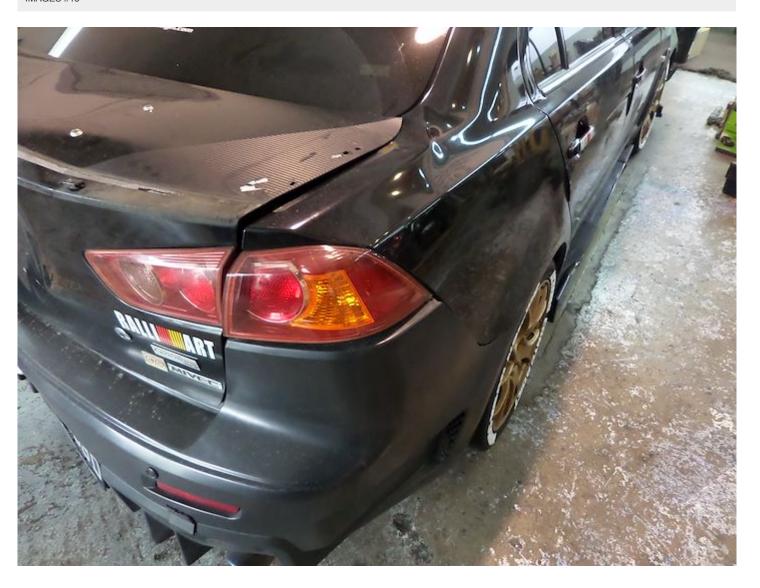
















Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

Report No. T/20210326/2026

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 26/03/2021 12:29 26 Informant's Particulars Name of Informant: Address: MOHAMED ASRAF BIN ZAINOL APT BLK 507 BEDOK NORTH AVENUE 3 #04-355 ABIDIN SINGAPORE 460507 ID Type / ID No .: Contact No .: NRIC NO / S7613362Z Home/Office: Mobile: 84984389 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 44 23/07/1976 Vehicle Owner Race: Language: Institution / School Name: Indian Occupation: Driving Licence Information: PRIME MOVER DRIVER Class: 2B,2A,2,3,4 Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2021 13:30	Type of Location: Straight Road	
YIO CHU KA	NG ROAD	Road Surface:	11	Dood Spood Limits	
Sunny		Dry	1	Road Speed Limit:	
1230000 C C C C C C C C C C C C C C C C C		Traffic Control: Traffic Light - Work	0.00000	Traffic Volume: Moderate	
	ion:	Type of Collision: Between Moving Vehicles - Head To Rear			

Details of V	ehicle Invo	lved		THE STATE OF THE S		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG7762C	Lorry	ТОУОТА	DYNA 150 5MT	Silver	Slightly Damaged	1
SJD2059D	Car	MITSUBISHI	LANCER 2.0L MIVEC GLS 6-CVT	Black	Seriously Damaged	0

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



2 of 3 Report No. T/20210326/2026

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver						
Name	LIM MUI KHING		ID No.		S1739727C	
Related Vehicle	GBG7762C (Lorry)			Conta	ct No.	96210270
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days granted Medical Leave NIL Degree		Degree o	of Injury	NIL		
Vehicle Owner						
Name	MOHAMED ASRAF BIN ZAINOL ABIDIN		ID No.		S7613362Z	
Related Vehicle	SJD2059D (Car)		Conta	ct No.	84984389	
Hospital/Clinic	LAVENDER MEDICAL CLINIC & SURGERY PTE LTD			Class Drivin Licent Expiry	g	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	26/03/2021 Date Disc			charge	26/03	3/2021
No. of Days gran	ted Medical Leave	02	Degree of	of Injury	Sligh	t

### Brief Details.

On 25/03/2021 at about 1330hrs, I was driving along Yio Chu Kang Road near to Shell petrol station. I was approaching a traffic light and the light was turning amber. As such, I came to a stop as it turned red. After stopping, I felt an impact on the rear of my vehicle. I realized that my vehicle has been hit by a lorry at the rear of my vehicle. At that point of time I had no injuries on myself and there was no injuries on the other driver. I made a check on my vehicle and there was a big dent on the rear bumper. The other vehicle number plate was also stuck onto the rear of my bumper. The damage on the other vehicle was small dent on the front of the vehicle and the number plate came off. A few hours later, I felt pain on chest, I felt discomfort on my both arms and on my waist. I went to see a doctor and I got 3 days of MC due to the injuries.





3 of 3

Report No. T/20210326/2026

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

### 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.

Signature Of Officer Recording The Report: A / Sgt 2 MOHAMED RAFHAN BIN MOHAMED ABDUL KADER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2021 12:29
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476179	Classification Of Case:
Authentication Stamp INGAPORT POLICE SIGNATURE	



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

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SCOW213POOD Name (as shown in NRIC): Moha~ (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: Singapore ( Contact (Tel):\_ Email Address: Date of Accident: Time of Accident: Insurance Company: (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: Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name: NRIC/FIN No.: Date: GIARMC Addendum Form



### 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

CERTIFICATE OF INSURANCE otor 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.

DMPCSNW00045112103

Engine No.: 4B11BC4191 Cha. No.:JMYSTCY4A8U002814

1. Index Mark and Registration

SJD2059D

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

4. Date of Exciry of Insurance

MOHAMED ASRAF BIN ZAINOL ABIDIN

Effective date of the Commoncement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

13/03/2021

Named Drivers Ex Sect. 1

\$\$750.00

Additional Ex Other than Named Drivers:

12/03/2022

Ex Sect. I - Age <= 25 Ex Sect. 1 - Age >= 26 \$\$3,000.00 \$\$500.00

\* Age as at date of accident

EX ON WINDSCREEN. S\$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

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)

One time Waiver of Excess for the first \$\$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.: KENSO LEASING 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 (Malaysie), 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: CCL INSURANCE AGENCY 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