

REF.

7679



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	07/05/2021 17:38 (SGT)
Date of Accident	06/05/2021 17:00 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5538E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ABDUL MANAN BIN MENAME
Company Reg No	SXXXX295C
Email Address	taygx89@gmail.com
Mobile Phone No	(Phone) +65-94380844
Alternative Phone No	+65-94380844

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00070992100
Cover Note Number	-

DRIVER

Name of Driver	ABDUL MANAN BIN MENAME
Company Reg No	SXXXX295C



Date Of Birth	22/07/1956
Occupation	Indoor
Date Of Driving Pass	06/02/1980
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94380844
Alt. Phone Number	+65-94380844
Email Address	taygx89@gmail.com
Address	BLK 298 TAMPINES ST 22 #03-554
Address complement	-
Postcode	520298
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NIL
Gender	Female

PASSENGER 2

Name	NIL
Gender	Male

PASSENGER 3

Name	NIL
Gender	Male

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


MY VEHICLE WAS STATIONARY AT TRAFFIC LIGHT, SUDDENLY I FELT AN IMPACT ON MY RIGHT REAR PORTION, THEN I REALIZED VEHICLE B (SG1053D) HAD HIT INTO MY RIGHT REAR PORTION. AFTER ACCIDENT, VEHICLE B DRIVER TOLD ME HE WAS SORRY AND MISJUDGE THE SPACE.

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	SG1053D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



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.

CERTIFICATE OF INSURANCE

Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Act, 1987
Road Transport Act, 1987 (Malaysia)
Undang-Undang (Undang-Undang) Road Transport, 1987 (Malaysia)

POLICY NO.	DATE OF ISSUE	EXPIRY DATE
CHP/0000000000000000	15/04/2021	15/04/2022

ABDUL MANAN BIN NEMAMP

Named Drivers Ex Sect. 1 \$5500.00
Additional Ex Other than Named Drivers:
Ex Sect. 1 - Age <= 25 \$3,000.00
Ex Sect. 1 - Age >= 26 \$5500.00
* Age as at date of accident
EX ON WINDSCREEN \$5100.00

Mk11

N 34

AV054A


Conv Type C

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, peace-making, reliability, trial, speed-testing, the damage of goods other than samples in connection with any trade or business, or use for any purpose in connection with the Motor Trade.

Excess whenever 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 Authorized Workshops for each Policy Year.

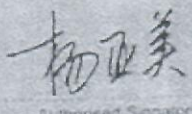
HIRE PURCHASE CO. - MAYBANK SINGAPORE LIMITED
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act 1987 (Malaysia); and not to be included under these headings.

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 sign 

Issued By: **CAR HOUSE ENTERPRISE (S) PTE LTD**
Authorized Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



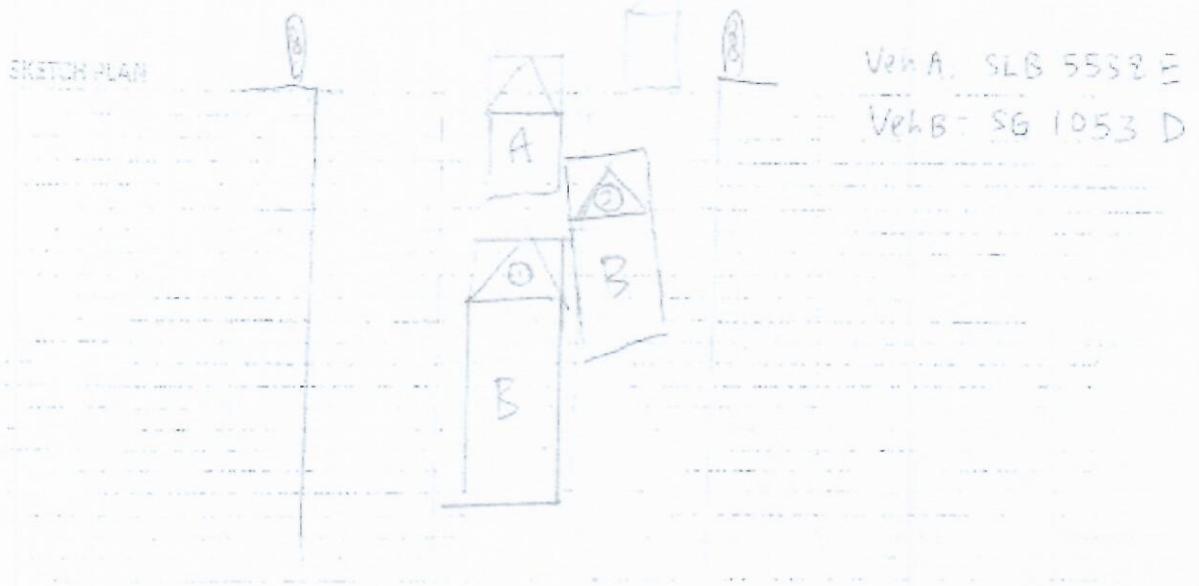
Authorized Signatory

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

☎ 6389 6111 ☎ 6222 1033

🌐 www.sg.cntaiping.com

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at traffic light, suddenly I felt an impact on my right rear portion, then I realized Vehicle B (SG 1053 D) had hit into my right rear portion. After accident, vehicle B driver told me he was sorry and misjudge the space.

DECLARATION

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



Reporting Centre Personnel's Signature
Name:



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



Reporting Centre Personnel's Signature
Name:
NRIC/PRN No.:

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 completion of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this 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):
 - (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' 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, regulatory, 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/PPN No.: