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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
- 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 23/08/2021 15:58 (SGT) Date of Accident 23/08/2021 09:20 (SGT) Exact Location of Accident KJE, Singapore Additional Location Information TOWARDS PIE BEFORE PIE EXIT (LAMPOST 347) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ467D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AZMAN BIN ABU BAKAR NRIC No SXXXX981I Email Address phuaywei89@gmail.com Mobile Phone No (Phone) +65-87577213 Alternative Phone No +65-87577213

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant **ALTIS** Exact purpose for which vehicle was being used at time of 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 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00069732100 Cover Note Number

DRIVER

Name of Driver AZMAN BIN ABU BAKAR NRIC No SXXXX981I

Date Of Birth	20/09/4000
	30/08/1960
Occupation	Indoor
Date Of Driving Pass	16/03/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87577213
Alt. Phone Number	+65-87577213
Email Address	phuaywei89@gmail.com
Address	BLK 361 BUKIT BATOK STREET 31 #11-457
	BLK 301 BOKIT BATOK STREET ST#11-437
Address complement	•
Postcode	650361
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	En Control of the Con
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
ALL THE THE PROPERTY OF THE PR	•
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
	2.y
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
	4.23
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	XE3965K
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	GREEN-MACTIFICANI SONEST.

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	AZMAN BIN ABU BAKAR Male (Phone) +65-87577213
Address	-
Address Complement	-
Post Code	<u></u>
Approximate Age Years Old	•
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJQ467D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	
vvas triis irijured conveyed to nospital by ambulance?	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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - (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 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:
 - 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 .:

KJE toward PIE before PIE Changi Exit (Lamp Post:	344)	Vehicle A: SJQ 467 D
		vehicles: x E39651
	kecidad Ggr	
	A L	
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ESCRIBE CIRCUMSTANCES OF T	THE RESIDENCE OF THE PARTY OF T	
On the stated datek t	time, I, vehicle A (SJQ4675)	was travelling straight on
ane 4. As Lane 3 had a	a accident, vehicle B (XE3965k	-) cuddenly cut into my lane and
ollided onto the rear	right portion of my vehicle co	ausing damages.
	i	
	1	
ECLARATION We declare the foregoing particula	ars are true in every record	
THE SECTION OF THE PURE PRINCIPLE	na ore true in every respect.	/
1	Mary	1.1
A	And the second	cen 23/00/2021

Date & Time:

NRIC/FIN No .:



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Date of Accident	: 23 AV6 2021 Accident Time: 0920 (24-HR-FORMAT)
Accident Place	LIE TOWARD PIE BEFORE PIE CHANGI EXIT (LAMP 347)
Vehicle Reg. No (Car plate No.)	: SJQ 467 D Vehicle Make/Model: TOYOTA ALTIS
Insurance Company	: China Taiping Policy No. DMPCSHW 60069732100
Name of Registered Owner	: Company / Individual AZMAN BIN ABU BAKAR
ID of Registered Owner	: Co Reg No: - Owner's NRIC No: \$21769811 -
	: Co Contact No: Owner's Contact No: 87577213
DRIVER'S Name	GEMAN BIN ABU BAHAR DRIVER'S NRIC NO: \$2176981 I
DRIVER'S Date of Birth	: 30 AUG 1960 DRIVER'S License Pass Date 16 MAR 21
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\Others: owner
DRIVER'S Address	: BIE 361 BUENT BATOK ST 31 # 11-457 5 (650361)
DRIVER'S Contact No./ Alt No.	
DRIVER'S Occupation	: INDOOR IOUPDOOR (eg. working inside or outside of an ofc)
Email Address	: phuaywai 89 @ gmail.com
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
The state of the s	
Was the aggident reported to the	Driver): O1 Passenger Name: Gender: M/F police? YES \ NO Passenger Name: Gender: M/F car camera; YES \ NO Any Injuries: YES / NO Injured Name: Bin Aby Babo Injured Name:
	was being used at the time of accident: Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Vehicle Reg No: XE . 3965	Vehicle Reg No:
Vehicle MakelModel:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER.	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
	Other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Vehicle Makel Model;	Vehicle Make Model:
Name DRIVER	Name DRIVER:
IC No. DRIVER.	IC No. DRIVER:
Derver's Conject & add	DRIVER'S Contest & add



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1

N SN

AN0710A Cov. Type:F

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, 1997 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00069732100

Engine No.: 3ZZ4880789 Cha. No.:MR053ZEE106143359

1. Index Mark and Registration

Number of Vehicle

SJQ467D

2. Name of Policy Holder

AZMAN BIN ABU BAKAR

Effective date of the Commencement of insurance for the purposes of the Regulations. Ordinance or Enactment

05/04/2021 (12:23:27)

4. Date of Expiry of Insurance

21/04/2022

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 luition 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.

HIRE PURCHASE CO.: MONEYMAX LEASING PTE LTD

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Issued By: IDEAL AUTOMOBILE 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