Your NCD will be affected due to late reporting

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.
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	11/03/2022 16:23 (SGT)
Date of Accident	07/03/2022 20:50 (SGT)
Exact Location of Accident	Airport Blvd., Singapore
Additional Location Information	JEWEL DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5894Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FUAD-IRA
Company Reg No	XXXXX386L
Email Address	faridzuan18@yahoo.co.uk
Mobile Phone No	(Phone) +65-93379427
Alternative Phone No	+65-93379427

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007722100
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD
NRIC No	SXXXX516D

Date Of Birth	07/01/1996
Occupation	Outdoor
Date Of Driving Pass	01/10/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93379427
Alt. Phone Number	-
Email Address	faridzuan18@yahoo.co.uk
Address	BLK 430 TAMPINES STREET 41 #04-517
Address complement	-
Postcode	520430
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
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?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20220308/2058

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	SMN9439G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD
Gender	Male
Phone No	(Phone) +65-93379427
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX5894Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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)**

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.

FUAD-IRA

11/3/22 1540

Policyholder's Signature / Date & Time

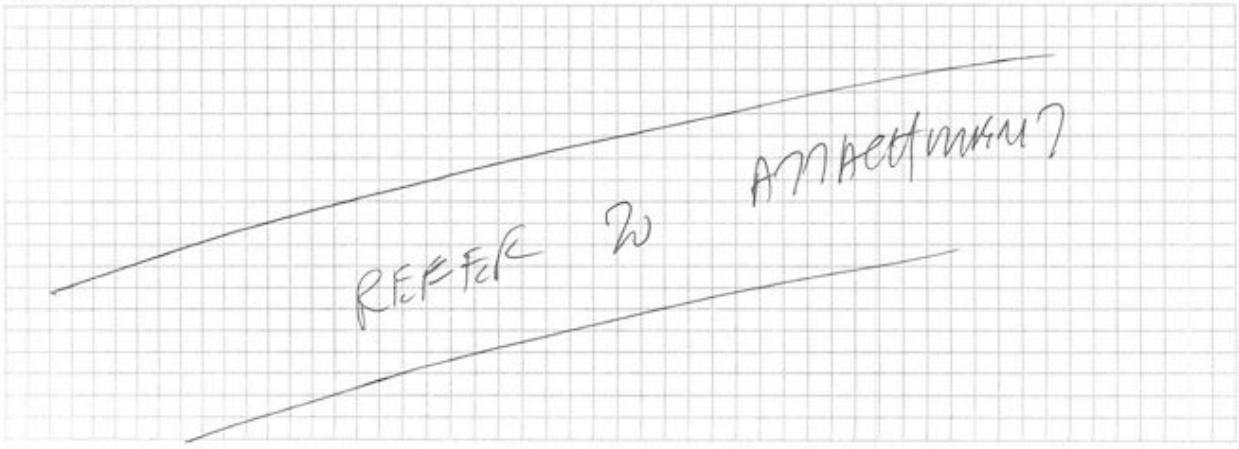
11/3/22 1540

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

11/03/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



RE: ACCIDENT INVOLVING SMX5894Z & SMN9439G
ALONG JEWEL CHANGI AIRPORT DROP-OFF AT 07MAR2022/2050HRS

VEHICLE A (SMX5894Z) DRIVEN BY: MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD OF NRIC: S9600516D

VEHICLE B (SMN9439G) DRIVEN BY: HIT-AND-RUN OF NRIC: HIT-AND-RUN

PASSENGES INVOLVED: 1 PAX FOR VEHICLE A, MINIMUM 1 PAX FOR VEHICLE B

REFER TO POLICE REPORT

The above statement is accurate to be best of my recollection and understand that it is an offence to falsify any information relating to the above events.

FUAD-IRA

MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD

11/03/2022

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220308/2058

Declaration

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

FUAD-IRA

11/3/22 1540

Policyholder's Signature / Date & Time

11/3/22 1540

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

11/03/2022

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

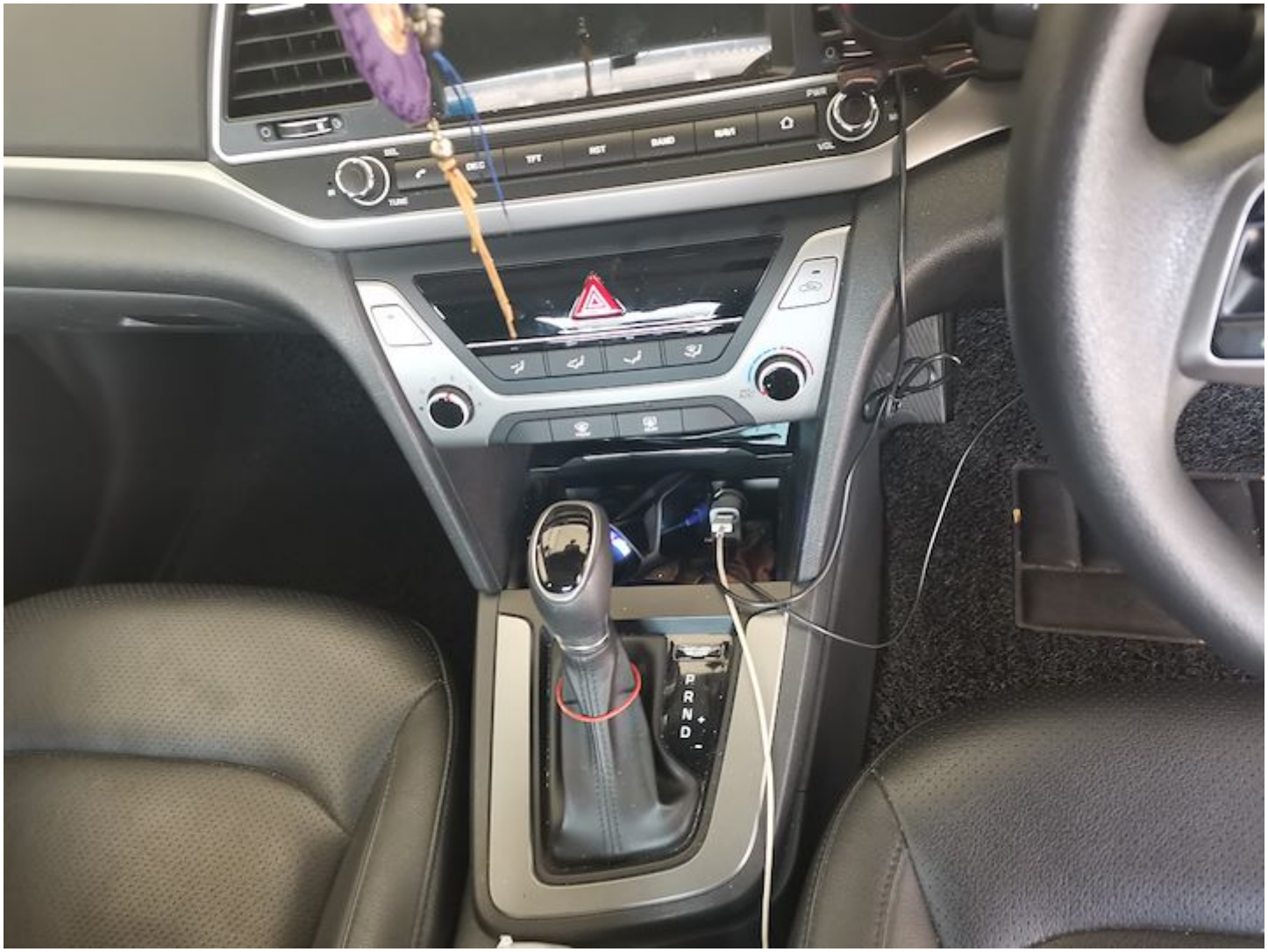
IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9




현대자동차(주)
HYUNDAI MOTOR COMPAN
변속기 차축 도장 의장
TRANSM AXLE PAINT TRIM
PR2 TRY
KMHD841CMHU333640

SINGAPORE POLICE FORCE

T/20220308/2058

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20220308/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/03/2022 15:35		20

Informant's Particulars

Name of Informant: MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD			Address: APT BLK 430 TAMPINES STREET 41 #04-517 SINGAPORE 520430	
ID Type / ID No.: NRIC NO / S9600516D			Contact No.: Home/Office: Mobile: 93379427	
Nationality: SINGAPORE CITIZEN			Email: FARIDZUAN18@YAHOO.CO.UK	
Sex: Male	Age: 26	Date of Birth: 07/01/1996	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: CISCO ENFORCEMENT OFFICER			Driving Licence Information: Class: 2B,2A,2,3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/03/2022 20:50	Type of Location:
Location: AIRPORT BOULEVARD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN9439G	Car					0
SMX5894Z	Car				Slightly Damaged	0

SINGAPORE
POLICE FORCE

T/20220308/2058

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20220308/2058

CONTINUATION OF REPORT

Brief Details.

On the above date, time and location, I was waiting in my car (SMX5894Z) at the drop-off/pick-up point of Jewel Changi Airport when suddenly, a silver grey car (SMN9439G) had hit the left rear bumper of my car. The car then reversed and subsequently left without stopping to check on me.

I wish to state that at the time of the accident there was no injury. However, on 08/03/2022 as I felt giddy from the accident, I went to Tampines Polyclinic and was given given 3 days of MC (MC NO.: GEM202287853).

SINGAPORE POLICE FORCE

T/20220308/2058

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20220308/2058

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: G / SGT 2 MUHAMMAD IRFAN BIN MOHD HUTTA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2022 15:35
Officer In Charge Of Case: TP / HRT / INSP (2) TAN CHIN YONG Contact No.: 65476425	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08223B0002 Vehicle Registration No: SMX5894Z

Name (as shown in NRIC): MUHAMMAD NOOR FARIDZUAN NRIC/FIN/Passport No: SXXXX5760

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 93379427

Email Address: _____

Date of Accident: 07/03/2022 Time of Accident: 20:50

Place of Accident: AIRPORT BLVD (TAXI DROP OFF POINT)

Insurance Company: CHINA TAIPING

(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:

EMAIL ADDRESS TO FARIDZUAN18@YAHOO.CO.UK

Policyholder / Driver's Signature
Date:

11/03/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: PGP4 [illegible]
Date:

GIARMC Addendum Form