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 21/03/2022 15:32 (SGT) Date of Accident 19/03/2022 12:54 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information **TOWARDS MCE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA7548F

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner MOHAMED RIDZUAN BIN ABDUL TALIB

NRIC No SXXXX970Z

Email Address ridzdotcom@gmail.com Mobile Phone No (Phone) +65-83219641

Alternative Phone No +65-83219641

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato

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 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNW00194002101

Cover Note Number

DRIVER

Name of Driver MOHAMED RIDZUAN BIN ABDUL TALIB

NRIC No SXXXX970Z Date Of Birth 22/11/1984 Occupation Indoor Date Of Driving Pass 11/12/2008 Driving experience 13 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-83219641 Alt. Phone Number +65-83219641 Email Address ridzdotcom@gmail.com Address BLK 274B JURONG WEST STREET 25 #06-99 Address complement Postcode 642274 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name MOHAMED RAFEAL BIN MOHAMED RIDZUAN Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 Police Station Address 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT A/20220319/7034 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

SMD4479B

CACcident report SN08223L0005

Vehicle Registration Number

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGX9578G
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLX2877E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLP9673Y
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

THOUSE T	
Name of injured person	MOHAMED RIDZUAN BIN ABDUL TALIB
Gender	Male
Phone No	(Phone) +65-83219641
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injuries oustained Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	Yes
was this injured conveyed to nospital by ambulance?	No
INJURED 2	
Name of injured person	MOHAMED RAFEAL BIN MOHAMED RIDZUAN
Gender	Male
Phone No	-
Address	_
Address Complement	_
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
	INO

SKETCH PLAN

-IMPORTANT NOTICE

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- 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 the clains:
- (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, ise, 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.

blicyholder's Signature / Date & ime

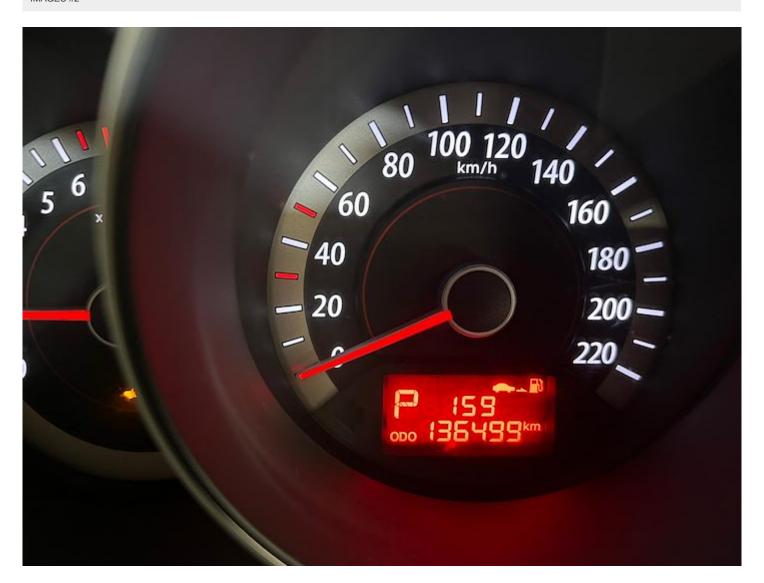
Driver's Signature (If driver is not the policyholder) / Date & Time

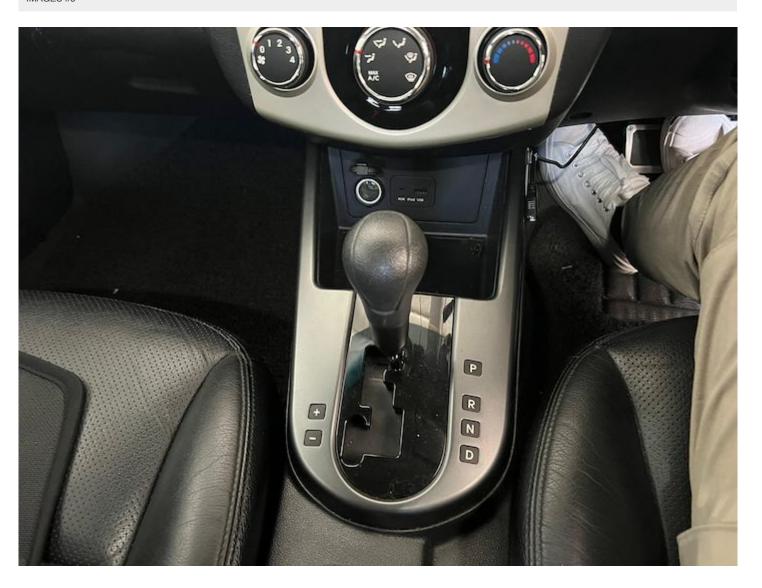
Witne ed by Reporting Centre Personnel

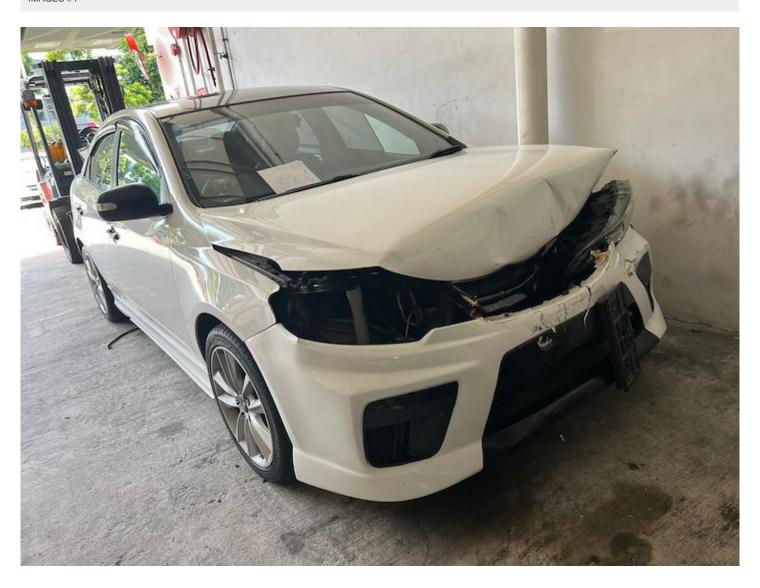
ketch Plan

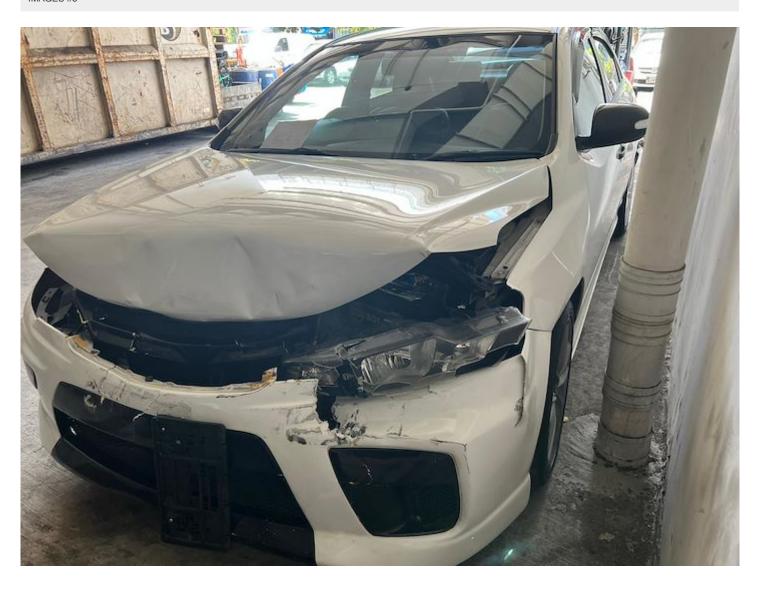
	1.
I WAS TRAVELLING ALONG AYE TOWARDS MCE, ON	
, , , , , , , , , , , , , , , , , , ,	
THE FIRST LANE.	
SUDDENLY, THE VEHICLES IN FRONT DID AN EMER	GENCY
BRAKE AND I FOLLTWED TO STOP.	
THE MAD I POSITIVED TO STOP.	
I FELT AN IMPACT FROM THE REAR.	
THE PARTY OF THE PEAK.	
I ALIGHTED AND FOUND MYSELF IN A 3 CAR	
CHAIN COLLISION.	
1	
POLICK RUPORT A/20120719/7034	
102101 00100 111 1059	
/	
laration	
declare the foregoing particulars are true in every respect.	1
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1/14/	M/1/3/1/12





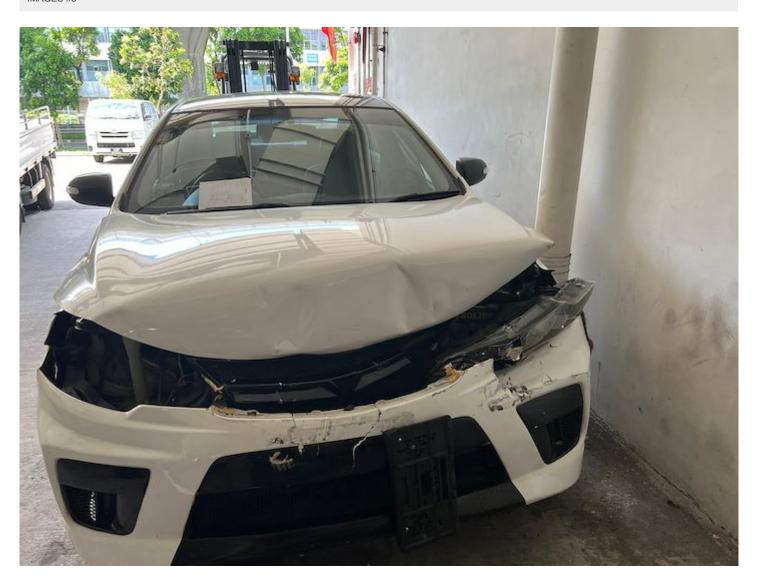


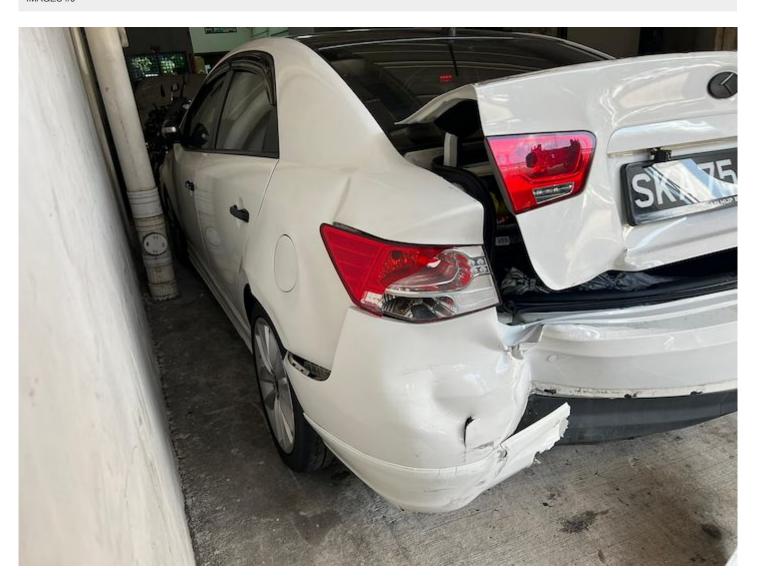
















1 of 2

Report No. A/20220319/7034

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 19/03/2022 20:04	Vide Re	port No.		Station Diary No.
Name Of Informant MOHAMED RIDZUAN BIN ABDUL TALIB	Address 274B JU 642274		ST STREET 25 #	06-99 SINGAPORE
ID Type / ID No. NRIC NO / S8435970Z	Contact Home/C	20,000	Mobile: 83219641	
Nationality SINGAPORE CITIZEN	Email Address RIDZDOTCOM@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Supervisor/General foreman (building and related trades)	Male	37	22/11/1984	Javanese
Institution/School Name	Language English			
Date/Time Of Incident 19/03/2022 12:50 - 19/03/2022 13:10	Location Of Incident 274B JURONG WEST STREET 25 #06-99 SINGAPORE 642274			

Brief details.

I was travelling along AYE towards MCE on the first lane with my son, Mohamed Rafael Bin Mohamed Ridzuan when suddenly the vehicles infront slowed down and I follow suit. I felt an impact from the rear and alighted from the vehicle. I found myself in a five car chain collision.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2022 20:04	
Officer In-Charge Of Case:	Classification Of Case:	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220319/7034

Person Name	MOHAMED RIDZUAN BIN AB	DUL TALIB	The second secon
ID Type	NRIC NO	ID No	S8435970Z
Gender	Male	Age	37
Race	Javanese	Language	English
Occupation	Supervisor/General foreman (building and related trades)	Address	274B JURONG WEST STREET 25 #06-99 SINGAPORE 642274
Mobile No	83219641	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2022 20:04
Officer In-Charge Of Case:	Classification Of Case:



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: SUUSDESLEDOX _____ Vehicle Registration No:_SKA Name (as shown in NRIC): NOW AMED NRIC/FIN/Passport No: (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore () Contact (Tel):__ Email Address: Date of Accident: _____ Time of Accident: Place 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:

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

GIARMC Addendum Form