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OD : T / Reporting Only   -   -   -   -   -   -   -   -   -	D.O.A: 76(0) 2022 - 08'00	I-Motor Claim Form	•		
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t. 1:  19) N12: Idao Mobile  Fee Charged  Involce deted  Fee Charged	archtors Comments :		TP(NII): TP(Nin IN	E) against INC	\$20
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 27/07/2022 17:21 (SGT) Reported by Date of Accident 26/07/2022 08:00 (SGT) **Exact Location of Accident** 458 Tampines Street 42, Block 458, Singapore 520458 Additional Location Information CARPARK Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV7962G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SHAIK IBRAHIM BIN AHMAD JOHAR NRIC No SXXXX632I **Email Address** ibrahimjauhar@gmail.com Mobile Phone No (Phone) +65-97316453 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Accent Variant Exact purpose for which vehicle was being used at time of Private hire

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00011382100

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SHAIK IBRAHIM BIN AHMAD JOHAR SXXXX632I 28/10/1953 Outdoor

No - Claiming third party

Private hire

Auto

1368

Date Of Driving Pass 17/07/1979 Driving experience 43 YEARS Gender Male Mobile Number (Phone) +65-97316453 Alt. Phone Number **Email Address** ibrahimjauhar@gmail.com Address BLK 460 TAMPINES STREET 42 #06-312 Address complement Postcode 520460 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGH3037A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

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	SLS1486H
Vehicle Manufacturer	ar .
Vehicle Model	-
Vehicle Variant	-0
Vehicle Colour	-1
Vehicle Category	Private car
Name of Driver	-
Contact Number	=0
Address	=-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 Actual 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.

Policyholder's Signature / Dale & Time

Driver's Signature (if driver is not the policyholder) / Date

Wilnessed by Reporting Centre Personne (Name as in NRIC/ID card)

Skatch Plan

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ON 26107122 4+ Ground 0800MPS, I WEN	T BACK TO
my reflicte AND SALL DAMAGES TO my reflicte.	
I WISH TO STATE THAT I AM UNSURE AS TO	MOW OR
WHEN THE ACCIDENT HONITHO EXACTLY . I ONLY	TAW A NOTE
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ONTO MY VEMICCE AND VEH C. MY VEH LIMS	Pusin(1)
SO HARD THAT THE RYAP POPLTION OF MY VINIC	CF 4/FNT
UP THE KEPIB.	

Declaration

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

Policyholder's Signaturer Date & Time

Driver's Signature (if driver's not the policyholder) / Date

Witnessed by Reporting Centre Personnel



VEHICLE NO: SKY 7962 G MAKE & MODEL: Lyundar Accent (AUTO'/ MANUAL 26 / July/ DATE OF ACCIDENT 2022 TIME OF ACCIDENT (AM)/ PM Tampines Canyark 42 LOCATION OF ACCIDENT EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE NAME OF OWNER SHAIK IBRAHIM BA TOHAR **EMAIL** ibrahimjauhar (d amail lan OFFICE: MOBILE: 97316453 S00 37 642I NRIC CLAIM TYPE OD / THIRTY PARTY / REPORTING ONLY FLEET POLICY YES / NO? INCURENCE CO. China Taipin TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. \$ DIXIH (SNW 00011382100 AS ABOVE / IF NO: NAME OF DRIVER NRIC DATE OF BIRTH 1953 10 ANY PASSENGER YES / NO:) ·-NAME OF PASSENGER MALE / FEMALE GENDER OF PASSENGER Outdoor / Indoor OCCUPATION DATE OF DRIVING PASS 17/17/179. MALE / FEMALE GENDER Mobile: 4 Office: Home: CONTACT NO. EMAIL 7)460 MinpINFI ST 92 406-312 5(520466). ADDRESS (NO// If yes, Reg No: INSURE: DOES DRIVER OWN OTHER VEHICLES? Employee / If No: SQ-F. RELATIONSHIP Clear / Raining / Other: WEATHER CONDITION Dry / Wet)/ Other: ROAD SURFACE (No) / If yes, Who? ANY INJURIES CONTACT NO. No / If yes, Where? ROLICE REPORT NOTICE OF INTENDED PROSECUTION? No / If yes, Who? Any Passenger: Hot Sura. VEHICLE B NO. (GH 303) NAME CONTACT NO. Any Passenger: 10 PRIVIT VEHICLE C NO. SLS 14864. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. YES /NO WAS THERE ANY VIDEO CAPTURE? YES /NO WAS THERE ANY AUDIO RECORDED? YES (NO SCENE ACCIDENT PHOTOS TAKEN? DRIVER/ OWNER/ BOTH WHO IS REPORTING Original Language Used English/ Mandarin/ Others: Have you been approach by unknown person YES / NO soliciting (s) / offering accident claims assistance?



### 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

SN

BR0138A

Cov. Type:C

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.

DMHCSNW00011382100

Engine No.: G4LCFU486475 Cha. No.:KMHCT41BTGU009869

Index Mark and Registration

Number of Vehicle

SKV7962G

AUTOSAFF

2. Name of Policy Holder

SHAIK IBRAHIM BIN AHMAD JOHAR

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

02/10/2021

Excess Sect I.

\$\$1,250.00

Excess Sect. I (Outside Singapore) Excess Sect. II S\$2,500.00

4. Date of Expiry of Insurance

01/10/2022

Excess Sect.II (Outside Singapore).

S\$1,250,00 \$\$2,500.00

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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

SHAIK IBRAHIM BIN AHMAD JOHAR

6. Limitations as to use:\*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE 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: IVAN INSURANCE BROKERS 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

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**6222 1033** 

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