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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

5. Information provided must be as truthing and accurate as possible. Any false reporting may be referred to the Police for investigation.

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. But the ledgement 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.

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.

7. By the loagement of this report to the insurers, you hereby consent to the archiving	g of this report at the centre and to copies of the report being made available aforesaid.
ACCIDENT	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	29/08/2022 13:40 (SGT) Both 28/08/2022 08:00 (SGT) 694 Woodlands Drive 62, Singapore 737942 MUILTY STOREY CARPARK Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SND3929P
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No MUHAMMAD EZWAN BIN MOHAMMED EHSAN SXXXX834B koay.xinwang@gmail.com (Phone) +65-83663782
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	BMW 523i - Private use No - Claiming third party Private car Auto 2497
INSURANCE COMPANY	
Name of Income of	

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00265172100

DRIVER

Name of Driver MUHAMMAD EZWAN BIN MOHAMMED EHSAN NRIC No SXXXX834B Date Of Birth 29/10/1990 Occupation Outdoor

Date Of Driving Pass 20/05/2013 Driving experience 9 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-83663782 Alt. Phone Number Email Address koay.xinwang@gmail.com Address 694B WOODLANDS DRIVE 62 #02-28 Address complement Postcode 732694 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 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 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 SMH1869H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

Contact Number

Address	
Address complement	2.
Postcode	
Insurance Company Name	15
Nature Of Damage	9
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### 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 Actual Driver.
- 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.

- 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.
- 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 / Date & Time Driver's Signature (if

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan GY CVOOLONDS DR. 62 MSC

A: SND B929P

Plotstike I went down to my vehicle and saw my front driver driver was badly damage. I also saw a piece of paper on my windscreen	
On 27 Aug @ 2230 Hr 1 park my venicle (SNB3929.P) at & Black 1994 waadlands drive 62 Multi Storey Carpark. The next day on 28 Aug 20 1015 HRC 1 went down to my venicle and saw my front driver 1015 HRC 1 went down to my venicle and saw my front driver 1015 HRC 1 went down to my venicle and saw my front driver 1016 was badly damage. I also saw a piece of paper on my windscreen	Describe Circumstance of the Accident
Plotstike I went down to my vehicle and saw my front driver driver was badly damage. I also saw a piece of paper on my windscreen	On 27 AUG @ 2230Hr 1 park my venicle (SND3929P) at & Block
side was badly damage. I also saw a piece of paper on my windscreen	694 woodlands drive 62 Multi Storey Carpark. The next day on 28 Aug 200
	3 1015 HRC I went down to my vericle and saw my front driver
sek me to contact him as he mention that he hitted my vehicle.	side was badly damage. I also saw a piece of paper on my windscreen
	ask me to contact him as he mention that he hitted my vehicle.

Declaration

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

4

Policyholder's Signature / Date & Time

4

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Signature of Driver

	SINGAPORE	ACCIDENT	STATEMENT
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Discussion and a second		IDENT STATEMENT	T
Data of Apply		FORMATION	
Date of Accident:	28-08-22	Time of Accident:	0800
Exact Location:	694 WOODLAN	UDS DRIVE 62	Multi Storey carpor
		OWN VEHICLE	Talin Stored contar
Vehicle Registration No.	SND 3929D	NRIC / FIN / Passpor	t no:   5002000 =
Name of Registered Owner:			19 - 67.3
Owner's Email:	Koay. Xinwang @		AMMED EHSAN
Owner's Address:	694B 1 10001 9000	DRIVE 62 # 02-	20
Vehicle Make:	BMW	Vehicle Model:	-28 3(732694)   5231
Engine Capacitty (cc):	2500	Transmission:	
Type of Claim:	Own Damage / Third Pa		Auto/ Manual
Vehicle Category:	Private / Commercial / M		
Name of Insurance Co:	CHINA TAIPING	otor cycle / / / vate / ille	
Type of Policy:		Party / Third Party, Fire	& Theft
Policy Number:	DMPCSNHOO 265	thanna	x men
BARTON HOUSE STREET	9,40 00 20 3	172100	
	DR	IVER	
Name of Driver:			same as
NRIC / FIN / Passport no:		Date of Birth:	29/10/1990
Occupation:	Indoor / Outdoor	Driving Pass Date:	20 MAY 2013
Contact Number:	8 3 6 6 3 7 8 2	Gender:	Maley Female
Address:			
Relationship with Owner:	Owner Employee / Spous	se / Child / Hirer / Other:	
Translater Name:		Translater NRIC:	
Translater Contact no:		Translater email:	
	GENERAL INFORMATI	ION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swip	oe / Front to Rear / Others	: Front Damage.
Weather Condition:	Clear/ Raining / Others:	Road Surface:	Dry Wet
/ideo available:	Yes /No		
Was anybody injured?	Yes / No	Police Report Made?	Yes (No)
No. of passenger onboard (in	cluding driver): O		100 210
	DETAILS OF O	THER VEHICLE	5 VENTANDEPPERMENT
	Vehicle 1	Vehicle 2	Vehicle 3
ehicle Registration No:	SMH1869H		vericle 3
ehicle Make / Model:			
lame of Driver:			
IRIC / FIN / Passport no:			
ontact Number:			
lame of Insurance Co:			
	DETAILS	CAMPANDO	
ame:	DETAILS OF	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	
		Contact Info:	
	DETAILS OF INJ	URED PERSON	
	Person 1	Person 2	
	. 0100111	Person 2	Person 3
ame / in which vehicle?:			

28 - 08 - 22 Date and time



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

CERTIFICATE OF INSURANCE

SN

MX1E

Motor Vehicles (Third-Party Risks and Compensation) Act (Chap er 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0695A Cov. Type:C

CERTIFICATE No.

DMPCSNW00265172100

Engine No.: 07187608N52B25AF Cha. No.:WBAFP32090C547171

1. Index Mark and Registration

SND 3929 P

AUTOSAFE

Number of Vehicle

Name of Policy Holder

MUHAMMAD EZWAN BIN MOHAMMED EHSAN

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

27/12/2021 (13:52:42)

Named Drivers Ex Sect. I

S\$1,000.00

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

26/12/2022

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26 \$\$3,000.00 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . \$\$100.00

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

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 tuition 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. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: SSL HOLDINGS 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

TECK WEI CREDIT PTE LTD For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200512300K 210 Turf Club Road The Grandstand, Lot A8

Authorised Officer

Issued By: TECK WEI CREDIT PTE LTD Tel: 6465 0020 Fax: 6465 0017 Email: info@teckwei.com.sq

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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www.sg.cntaiping.com