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SN08229F0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/09/2022 17:22 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/09/2022 17:22 (SGT))



# 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 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

15/09/2022 17:22 (SGT)

Both

14/09/2022 07:50 (SGT)

Thomson Rd, Singapore

TURNING RIGHT INTO THOMSON ROAD

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMK8366E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

MOHAMAD AZELI BIN AHWAN

SXXXX232H

winson tingwei@hotmail.com

(Phone) +65-98579323

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

Toyota Camry

Employment

No - Claiming third party

Private hire

Auto

2487

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00012032200

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN08229F0004

MOHAMAD AZELI BIN AHWAN

SXXXX232H 31/07/1972

Outdoor

Page 1 of 15

Date Of Driving Pass 11/11/1991 Driving experience 30 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-98579323 Alt. Phone Number Email Address winson\_tingwei@hotmail.com Address 32 SEGAR ROAD #02-20 Address complement Postcode 677722 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 Collision - Change/cross lane 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) 3 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 PASSENGER 1 Name LAILA Gender Female PASSENGER 2 Name **IZZAH** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? 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

Vehicle Registration Number	GBB3133X
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	17 <b>7</b> 2 (
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	RAMACHANDRAN NITHIYANANDHAM
Passport No/FIN	GXXXX164R
Contact Number	) = 0
Address	
Address complement	(*)
Postcode	5 <b>*</b> 3
Insurance Company Name	
Nature Of Damage	S#0
Details of property damaged in accident	1. The state of th
No. Of Passenger (Including Driver)	(A)

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 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.

Describe Circumstance of the Accident  Dip 14/09/2022 about 07-50 Am morning. My vehicle was
Stationery Stopped of thomson Rack traffic light Junetin waiting
green light to turn right towards thomson Road, Green light in favour
to turn so I two right and driving in my lane 3rd lane on the
left . vehicle B " GBB 3133x" on my right side 2nd lone
change line into my lone and collided onto my rear right can
portion with impact quite & Bad. There is no one injuried.

Declaration

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

He

Policyholder's Signature / Date & Time

Re

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

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

2

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 14/69 / 2022 Time: 07 . 50 Apr(24 hr formet)
Exact Location of Accident *	Traffic light Jungtion turning Right
INSURED / POLICY HOLDER / VEHICLE PARTICU	JLARS / DETAILS OF OWN VEHICLE
Vehicle Registration Number *	SMK 8366 E Make & Type +: ToYOTA CAMPY HYG
Name of Registered Owner*	MOHAMAD AZELI BIN AHWAY
NRIC / FIN / Passport /Co Regn No. *	S7226232H
Contact Number *	2 - 12
Exact <u>Purpose</u> for which vehicle	The Carletta
was being used at Time of Accident	January S Osage
Are you claiming under your own	Yes / No. Please state action to be taken
nsurance policy for repair to your vehicle?* NSURANCE COMPANY (OWN VEHICLE)	Third Party Claim (SYH / Other workshop?) / Reporting Only
Name of Insurance Company *	China EQ / Etiga / MSIG / Tokio Marine/ Great American
Type of Policy*	Comprehensive) / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMHC SN W 000 1203 2200
DRIVER	1 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -
Name of Driver *	MCHAMAD AZELI BIN AHWAN Gender Male Female
NRIC / FIN / Passport Number *	572262324
Date of Birth *	31/07/1972 (dd/mm/yyyy)
Occupation •	□ Indoor / □ Outdoor
Date of Driving Pass (Pass Date) *	11/11/1991
Contact Number *	9857 9323
Address	32 Seyer Road # 02-20 S(677722)
Email Address / Fax Number *	Email: Winson ting wei Whotneil Can Fax: -
Relationship of the Driver with the Insured *	Owner Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate	Veh No: 1) 2) 3)
Vehicle Number & Insurance Company *	Ins Co: 1) 2) 3)
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface * OTHER INFORMATION	Wet / Ory / Others:
Was anybody Injured in the accident? *	□No / □Yes (Police Report required)
Was any injured conveyed to hospital	DNo / DYes (Police Report required)
by ambulance?	parvor lifes
Was any foreign vehicle involved in this accident?*	PNo / Tives Veh Ne
Number of vehicles involved in the accident	Véh Category:
Was there any witness?	□HV01 □Yes
Was any other VEHICLE / Property involve /damage?*	
Was there any video captured by Car Camera?	Mo/ Dyes
DETAILS OF POLICE ACTION	F=1107 12-100
Vas the Accident Reported to the Police?	ONo / □Yes If Yes, Please slate which Police Station
Vas Notice of Intended Prosecution given? *	PNO / DVes   Five project where?
Was Notice of Intended Prosecution given? * Number of Passengers (Including DRIVER)?*	No / Oyes If Yes, against whom?
Was Notice of Intended Prosecution given? * Number of Passengers (Including DRIVER)?* Passengers	No / Oyes If Yes, against whom?  (O3)  Name: LAILA Name: 177AH

DETAILS OF OTHER VEHICLE(S) / PROPI	ERTIES
Vehicle Registration Number *	1) GBB 3133 X , 2)
Vehicle Make / Model / Colour	
Damage to Vehicle/Property?	TOYOTA HINCE VAN Juhite
Vehicle Category *	
Name of Driver	RAMACHANDRAN NITHIYANANGHAM
NRIC/Passport Number	6 ts G 6544164 R
Contact Number	9 032 07 63 9 9 1 6 9 1
Address	
Insurance Company Name	
DETAILS OF WITNESS	
Name	
Contact No. / Email Address	





Motor Hire Car

CERTIFICATE OF INSURANCE

oter 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)

MZ406L/B

SN

BR0128A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00012032200

Engine No.: A25A5026658

Index Mark and Registration

SMK8366F

Cha. No.:AXVH701032199

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

MOHAMAD AZELI BIN AHWAN

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

12/07/2022 (00:00:00)

Excess Sect I.

SS1,250.00

Excess Sect. I (Outside Singapore)

\$\$2,500.00

4 Date of Expry of Insurance

11/07/2023

Excess Sect. II Excess Sect.II (Outside Singapore).

\$\$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. As per Named Driver(s) stated decoy.

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

MOHAMAD AZELI BIN AHWAN

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.; TAI THONG LEE TOG (PTE) LTD

Limitalions 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 Molor Vehicles (Third-Parly 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: G&M 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

Q63896111

6222 1033

www.sg.cntaiping.com