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SN08229T0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 29/09/2022 16:14 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (29/09/2022 16:14 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

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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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability of the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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

29/09/2022 16:14 (SGT)

28/09/2022 17:32 (SGT)

PIE, Singapore

TOWARDS CHANGI (BEFORE EUNOS EXIT)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMW9040A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

MUHAMMAD ARIF BIN RAMLAN

SXXXX572F

muhammadarif91@hotmail.com

(Phone) +65-81277337

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

Hyundai Avante

Private use

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMPCSNW00090052200

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

MUHAMMAD ARIF BIN RAMLAN SXXXX572F

15/11/1991 Indoor

Accident report SN08229T0002

13/10/2011 Date Of Driving Pass 10 YEARS AND 11 MONTHS Driving experience Male Gender (Phone) +65-81277337 Mobile Number Alt. Phone Number muhammadarif91@hotmail.com Email Address BLK 864 TAMPINES STREET 83 #11-442 Address Address complement 520864 Postcode 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 Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface 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) 1 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 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

SGV7181R Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category NG JACKIE Name of Driver SXXXX663D NRIC No



Was there any video captured by Car Camera?

Contact Number	(Phone) +65-93686699
Address	
Address complement	
Postcode	
Insurance Company Name	207
Nature Of Damage	(a)
Details of property damaged in accident	Limited 18
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNE6815J
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	MUHAMMAD FARHAN BIN SAEMAN
NRIC No	SXXXX852F
Contact Number	(Phone) +65-96530310
Address	11111
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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.
- 3. Information provided must be as tright-li and accurate as cossible. Any wiful 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 end/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
- (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 end/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 services providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Poloyholder's Signature / Date & Time Sketch Plan RE	Driver's Signature (# d	cutaus	BEFORE	Reporting Centre Per NRICTED care) FULL OS	EXT)
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A = SGV7181R B = SMW 9040A C = SNE 6815J

Scanned with CamScanner

was driving along PIE towards Changi, suddenly the car from the ba	ack rear-ended my car, and my car surge
prward and contacted the front vehicle.	ack roas onded my car, and my car sarge
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eclaration	
We doctare the foregoing particulars are true in every respect.	
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	/./.
A: A	29/09
Driver's Signature (if driver is not the policyholder) / D	Date Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28 Sept 2022 TIME: 17:32	(hh:mm) 24 hrs Format
TO CIDENT DATE.	
LOCATION PIE towards Changi (Before Eunos Exit)	
VEHICLE NUMBER SMW9040A	
INSURED NAME Muhammad Arif Bin Ramlan	CT: 81277337
NRIC / FIN S9142572F	
MAKE Hyundai MODEL CN7 AVANTE 1.6 D	
a served similar under your own insurance policy for repair to your vehicle	e7
Ves If No. Pls Select: (/) Third Party () Reporting Only	
INSURANCE COMPANY CHINA TAIPING INSURANCE (SINGAPORE)	PTE, LTD.
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY	()TPFT
POLICY NUMBER: DMPCSNW00090052200	
	A WALLE TO DIGITAL
NAME DRIVER: Muhammad Arif Bin Ramlan	(/) SAME AS INSURED
NRIC / FIN S9142572F CONTA	CT: 81277337
DATE OF BIRTH: 15 November 1991	
DRIVING PASS DATE: 13 Oct 2011	
OCCUPATION: () INDOOR () OUTDOOR	
GENDER: (/)MALE ()FEMALE	
EMAIL ADDRESS: muhammadarif91@hotmail.com	() NO EMAIL
ADDRESS OF DRIVER: 864 Tampines St 83 #11-442 S(520864)	
ADDICESS OF DICIVER. 004 Tampines of 00 #11-442 0(020004)	
N. J. Of Bessenger Include Drivers	
Number Of Passenger Include Driver:	
Was driver an employee of the Insured's Company? () YES (/)	10
	110
If No, Relationship Of The Driver With The Insured (A) Charge (A) Spouse (A) Friend (A) Relative (A) Children	() Sibling () Others
	() Storing () Others
Does The Driver Own Any Other Vehicle?: () YES (/) NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: (/) Clear () Raining () Drizzling	() Others
Doed Surface () Dry () Wet () Others	
YES Fersion Vehicle Involved In This Accident? () YES	(/) NO
Was Anybody Injured In The Accident? () YES (/) NO	
If YES, Injured details :	
Convey By Ambulance: () YES (/) NO	
Was There Any Video Capture By Car Camera? (/) YES (NO
Was There Accident Reported To The Police? () YES (/) NO	If Yes Attach Police Report
Police Report Number (if any)	
Details Of 3rd Party Name / NRIC No. of Pa	xs (incl'driver) Contact
Details Of Std / Mity	Not Sure () 93686699
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CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car.

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Parly Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Parly Risks and Compensation) Rules, 1960 Robert (Malaysia) Motor Vehicles (Third-Parly Risks) Rules, 1959 (Malaysia)

MX1F N

SN

AN0711A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00090052200

Engine No.; G4FMLU192478 Cha. No: KMHLN41ETMU094293

1. Index Mark and Registration

Number of Vehicle

2. Name of Policy Holder

MUHAMMAD ARIF BIN RAMLAN

Named Drivers Ex Sect. I.

\$\$500.00

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

08/04/2022

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

4. Date of Expiry of Insurance

16/06/2023

Ex Sect. I - Age >= 26 * 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\$500 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.: OCBC BANK 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: ACE AUTOMOBILE 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