

## 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 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 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 .....	07/11/2022 16:52 (SGT)
Reported by .....	Driver
Date of Accident .....	05/11/2022 13:45 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE TOWARDS TUAS, AFTER PAYA LEBAR
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJN8603R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMED SYARIF BIN ABDUL ALIM HASSAN
NRIC No .....	S9013046C
Email Address .....	MD.AFDHAL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94881181
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Rio
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Manual
CC .....	1399

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00207302200

#### DRIVER

Name of Driver .....	MOHAMED AFDHAL BIN MOHAMED RAFIK
NRIC No .....	S8441872B
Date Of Birth .....	29/12/1984
Occupation .....	Indoor

Date Of Driving Pass .....	07/03/2007
Driving experience .....	15 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85715723
Alt. Phone Number .....	-
Email Address .....	MD.AFDHAL@GMAIL.COM
Address .....	351 TAMPINES ST 33 #06-464
Address complement .....	-
Postcode .....	520351
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	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
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

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 .....	SMP5953D
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) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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6. The 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.
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' 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &amp; Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

The sketch plan is a grid with three vertical dashed lines. On the right side, there are two hand-drawn diagrams of vehicles, labeled 'B' and 'A' from top to bottom. To the right of the grid, the following text is handwritten:

A = 8JH8603 R  
B = 8MP5953 D

At the bottom of the grid, there are three small upward-pointing arrows.

## Describe Circumstances of the Accident

On 5<sup>th</sup> Nov 2022, at about 1345 hrs, I was driving along PIE towards Tuas just after paya lebar exit going down the slope. I was driving on the first lane at 70km/h observing safe distance. Suddenly the car in front jammed the brakes to a complete stop. Once notice the brake lights, I dropped gear, applied brakes. The brakes locked up. I tried pumping the clutch to apply engine braking <sup>while</sup> also pumping the brakes to ~~release~~ release the locked brakes but it continued skidding. It was raining with mild traffic. my car contacted the car in front.

After the accident, I checked with the driver is ok. The driver ~~and~~ <sup>was not</sup> injured. She told me we could do a private settlement. so I asked her to go to my workshop. She agreed. my phone had no battery ~~after~~ we I gave her my contact number. When she called me, she say she wants to report and claim insurance.

I \_\_\_\_\_ (Owner/Driver), Identification No. \_\_\_\_\_, Vehicle No. \_\_\_\_\_, will be sending the above stated damaged vehicle to \_\_\_\_\_ (Company Name) for my vehicle repair works and insurance claims. Goldbell Engineering Pte Ltd "GBE" had clearly informed me on new GIA rules and I accept all liabilities and discharged GBE.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0101A

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, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00207302200	Engine No. : G4EE8H186460 Cha. No. KNADE221296468404
1. Index Mark and Registration Number of Vehicle	SJN8603R	AUTOSAFE =====
2. Name of Policy Holder	MOHAMED SYARIF BIN ABDUL ALIM HASSAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/09/2022 (00:00:00)	Named Drivers Ex Sect. I S\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 S\$3,000.00 Ex Sect. I - Age >= 26 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	01/09/2023	
5. 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.	<p>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 Vehicle.</p>	
6. Limitations as to use.*	<p>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.</p> <p>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.</p>	
<p>HIRED PURCHASE CO. : TEMBUSU FINANCIAL SERVICES 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.</p>		

**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: I TRUST 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

6389 6111

6222 1033

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