SN092319000B-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/01/2023 17:51 (SGT) SUBMITTED BY: NIVITHA VERSION: 2 (11/01/2023 14:08 (SGT))



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 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 09/01/2023 17:51 (SGT)
Reported by Driver
Date of Accident 06/01/2023 19:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN8309R

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

No
ALI AMRAN BIN MOHAMED SHARIF
SXXXX884A
haziqaqmar001@gmail.com
(Phone) +65-91541969

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream

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?

Vehicle Category

Transmission

CC

Yes

Yes

Auto

1799

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number DMPCSNW00074482200

DRIVER

Name of Driver

MOHAMED HAZIQ AQMAR BIN ALI AMRAN

NRIC No

TXXXX827E

Date Of Birth

09/12/2001

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	07/07/2021 1 YEAR AND 6 MONTHS Male (Phone) +65-88722506 - haziqaqmar001@gmail.com APT BLK 348 UBI AVENUE 1 # 02-1049 400348 No Parent No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	- -
PASSENGER 2 Name	UNKNOWN
Gender	Male
PASSENGER 3 Name Gender PASSENGER 4	UNKNOWN Male
Name Gender	UNKNOWN Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok North Neighbourhood Police Centre (Phone) +65-18002449999 (Fax) +65-62447258 30 Bedok North Road Singapore 469676 No

If yes, against whom?

PLEASE REFER TO THE ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME162K
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ1502R
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

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 4. The ssue 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.
- Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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
- (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) compying 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.

ON REHALF

Policyholder's Signature / Date & Time

090123

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

TOWARDS CHANGI

Sketch Plan

Describe Circumstance of the Accident	1 1 0
I was on my way brek home on obtails	123 back from Johor
travelling along PIE change if was on 5 to my speed was Go-tokm per har. There was	ne way highway , and
my speed was Go-token per har. there was	rehicle Binton of
me. If we a hoor to flir. While morning towar	rde Vihille Burns Intah
of me. suddaly Vehicle B som Beerle and I hill	his vecir portion of
me it was a heavy before. While moving tower of me suddaily Vehicle B from Break and I had the vehicle I came out of my Vehicle and go	1 to be no live I maked
in a chain collission -	1 THE CHARLES TOWNS
In A Crain comssion -	
	- X
<u> </u>	
	<u> </u>

Declaration

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

ON BEHALF

1 090123

090123

Polipyholder's Signature / Date & Time Actual Orliver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Witnessed by Departing Centre Person

ANNEXE

NOTICE OF REPORTING

This is to confirm that MOHAMED HAZIQ AOMAR BIN ALI AMRAN. FIN:

T0137827E, has reported to the Police a non-injury traffic accident which occurred at

PIE TOWARDS CHANGI on 06/01/2023 at 1915hrs involving the following vehicles:

SJN8309R (COMPLT'S VEHICLE) CAR NUMBER 3

SME162K (OTHERS PARTY) CAR NUMBER 2

SJJ1502R (OTHERS PARTY) CAR NUMBER X |

Bedok NPC 30 Bedok North Road 92L-Singapore 469676 Tel: 1800 - 2449999

Bedok NPC 30 Bedok North Road Singapore 469676 Tel: 1800 - 2449999

 If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

ame of Issuing officer: SSSGT SIM CHENG SIONG

e: 07/01/2023

Time: 1508hrs

SD Ref:

67

Police Post/ Unit: BEDOK NPC

Original – To be issued to informant Duplicate- to be submitted to Traffic Police





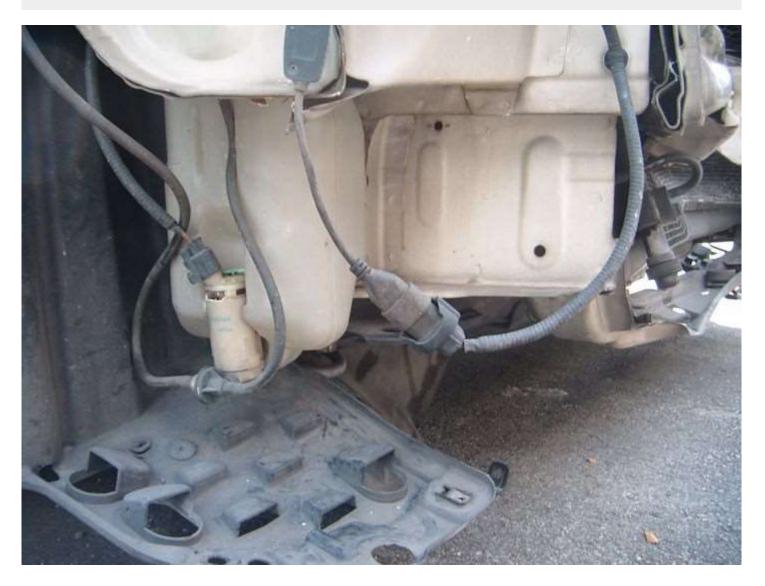




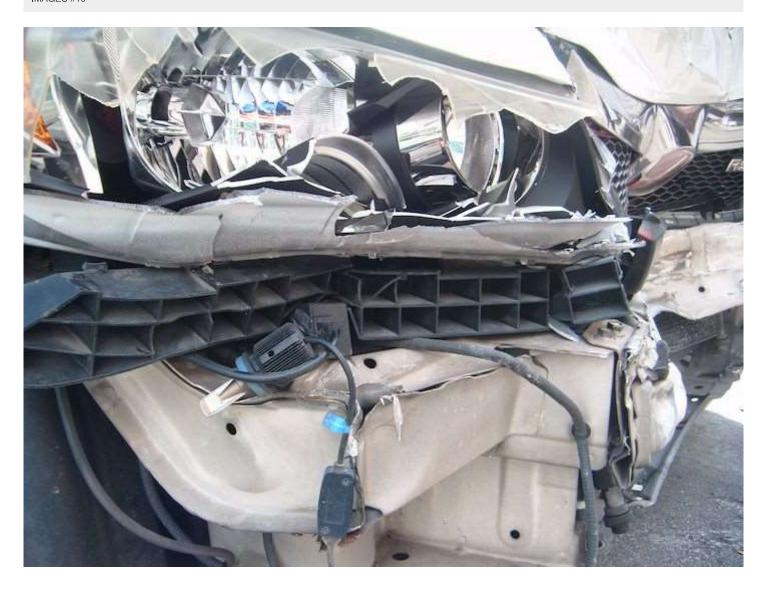






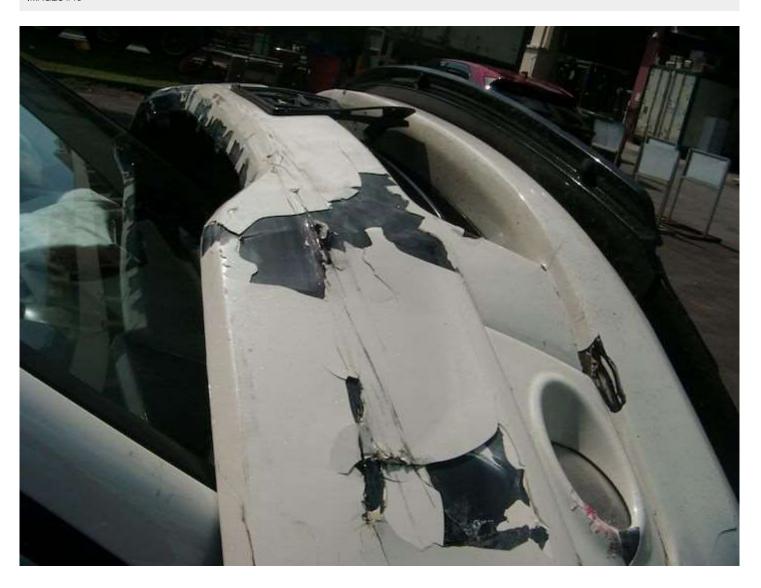




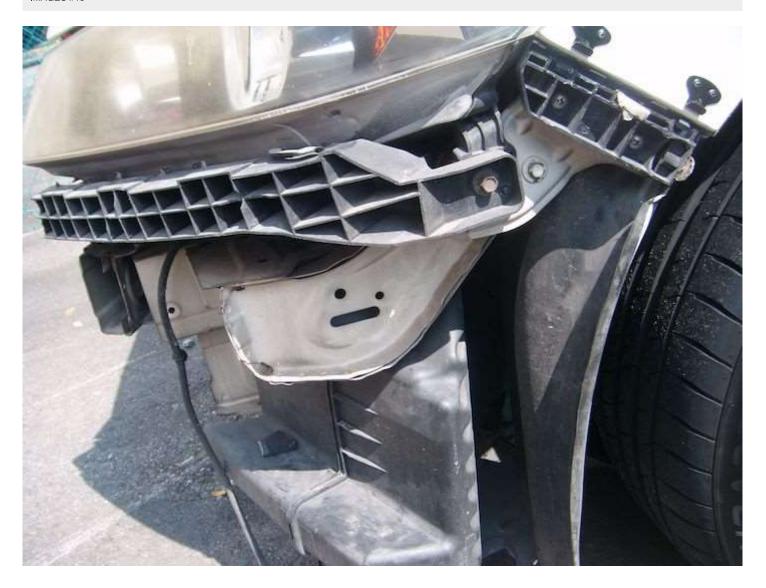


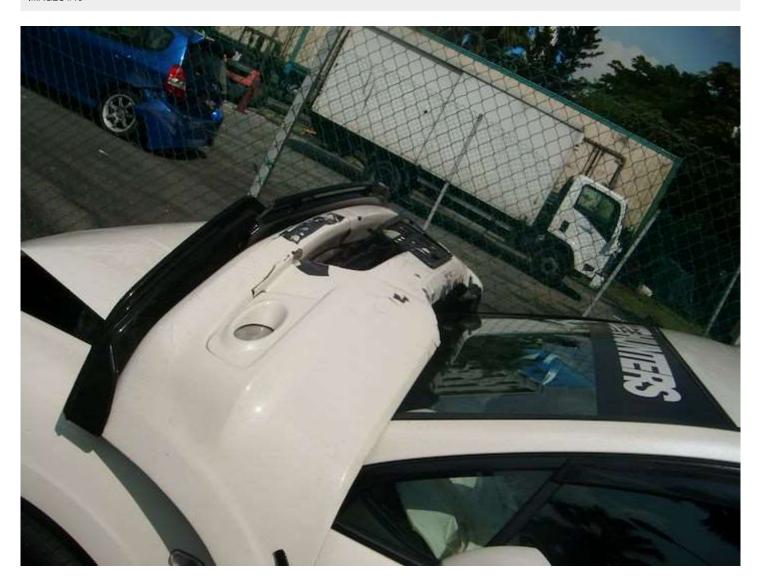


















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07/01/2023

Time: 1508hrs

SD Ref:

67

Police Post/ Unit: BEDOK NPC

Original – To be issued to informant Duplicate- to be submitted to Traffic Police

-Juniorit



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEN	DUM
١)	ARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No: SN09 2319 800B	Vehicle Registration No: _SIN 8309 R
	Name (as shown in NRIC): Mohumed Huzig AGIN	BO AN AMERICA PASSPORT No: TOBARDAE
	(*Vehicle Driver/Policyholder) (*) Please delete as a	
	Address: APT BIK 348 Ub Avenue 1 # 02	
	Contact (Tel):	Mobile No.: 8812 2506
	Email Address: haziqagmar Ool @green	-com
	Date of Accident: 06/01/2023	Time of Accident: 10 20
	Place of Accident: PIE TOWARDS CAN	
	Insurance Company: China Tuiping	
	ADDITIONAL INFORMATION /AMENDMENTS:	×
	I have made a report on the above-mentioned accide make the following amendments:	
	I have made a report on the above-mentioned accide	
	I have made a report on the above-mentioned accide make the following amendments:	
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Date: