







# 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 .....	10/02/2023 12:37 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/02/2023 17:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	HILL STREET TOWARDS COLEMAN STREET
Country/State of Loss .....	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number .....	SND8722K
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**INSURED/POLICYHOLDER**

Is company? .....	No
Name Of Registered Owner .....	ABDUL AJIS
NRIC No .....	SXXXX604A
Email Address .....	ajis_needa@yahoo.com
Mobile Phone No .....	(Phone) +65-98007050
Alternative Phone No .....	-

**VEHICLE PARTICULARS**

Manufacturer .....	BMW
Model .....	520i
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1997

**INSURANCE COMPANY**

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00070202200

**DRIVER**

Name of Driver .....	ABDUL AJIS
NRIC No .....	SXXXX604A
Date Of Birth .....	01/11/1981
Occupation .....	Indoor

Date Of Driving Pass .....	14/01/2010
Driving experience .....	13 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98007050
Alt. Phone Number .....	-
Email Address .....	ajis_needa@yahoo.com
Address .....	496E TAMPINES AVENUE 9
Address complement .....	# 13-524
Postcode .....	521496
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 - 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	SYEDNISA FAIROSE
Gender .....	Female

#### PASSENGER 2

Name .....	SULAIMAN MOHAMED IQBAL
Gender .....	Male

#### PASSENGER 3

Name .....	MOHAMED IQBAL MEHRAJBEGUM
Gender .....	Female

#### 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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLX619Y  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-87501055  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... ABDUL AJIS  
Gender ..... Male  
Phone No ..... (Phone) +65-98007050  
Address ..... 496E TAMPINES AVENUE 9  
Address Complement ..... # 13-524  
Post Code ..... 521496  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK PAIN  
Injured person in which vehicle? ..... SND8722K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... SYEDNISA FAIROSE  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK PAIN  
Injured person in which vehicle? ..... SND8722K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... SULAIMAN MOHAMED IQBAL  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK PAIN  
Injured person in which vehicle? ..... SND8722K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 4

Name of injured person ..... MOHAMED IQBAL MEHRAJBEGUM  
Gender ..... Female



### SKETCH PLAN

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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.
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 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.

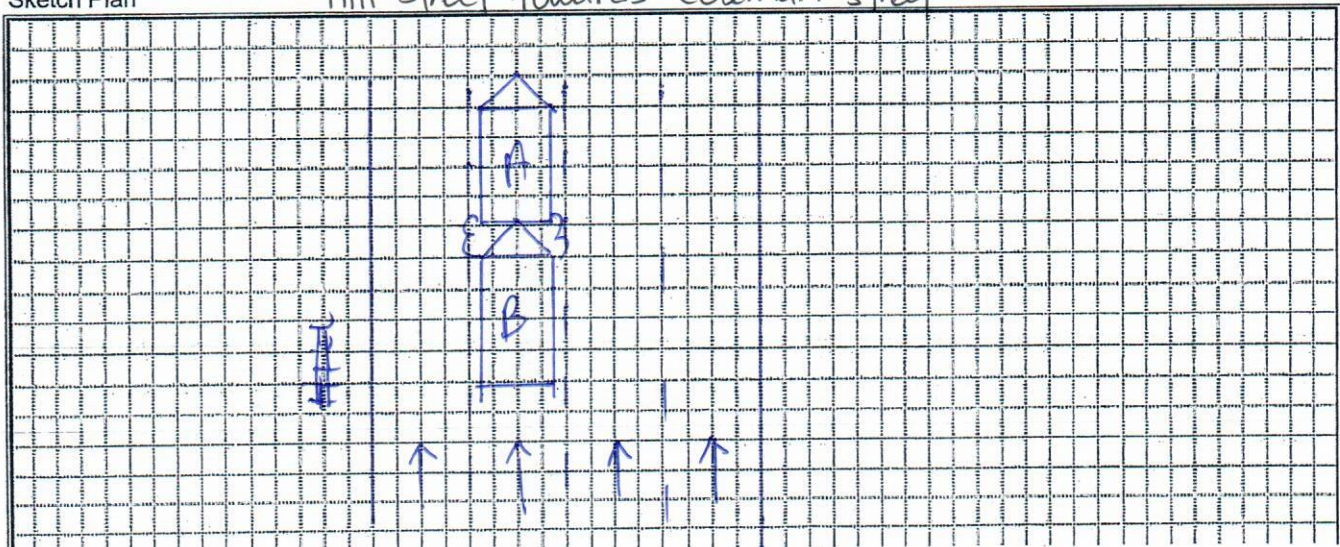
N. A. Buy  
Policyholder's Signature / Date & Time

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

gmuul 10/2/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

Hill Street towards Coleman Street



HILL ST

A : SNP8722K  
B : SLX619Y



Describe Circumstance of the Accident

On the stated date and time, I was travelling along Hill St towards Coleman St. I was waiting for the traffic light to turn green. Suddenly, I felt a huge impact from the rear of my vehicle. I then got off my vehicle and realised vehicle B had collided into my vehicle.

Declaration

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

D. A. Guy

Policyholder's Signature / Date & Time

D. A. Guy

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

gmuell 10/2/2023

Witnessed by Reporting Centre Personnel

Date of Accident : 09/02/2023 Accident Time: 1700 (24-HR-FORMAT)  
Accident Place : Hill St towards Coleman St.  
Vehicle Reg. No (Car plate No.) : 9ND8722K CC : Vehicle Make/Model: BMW 520i  
Insurance Company : china Taiping Policy No. DMPCSNW00070202200  
Name of Registered Owner : Company / Individual ABDUL AJIS  
ID of Registered Owner : Co Reg No: Owner's NRIC No: 88168604A  
OWNER EMAIL ADDRESS: ajs-needa@yahoo.com : Co Contact No: Owner's Contact No: 98007050  
DRIVER'S Name : DRIVER'S NRIC No:  
DRIVER'S Date of Birth : 01/11/1981 DRIVER'S License Pass Date 14/01/2010  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: self  
DRIVER'S Address : 496E, Tampines Ave 9 #13-524 (S521496)  
DRIVER'S Contact No./ Alt No. : 1) 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : ajs-needa@yahoo.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 4 Name & Gender: ABDUL AJIS (male)  
Was the accident reported to the police? YES \ NO \ NO  
Was there any video Captured by car camera: YES \ NO \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes(name of the injured person) : All passengers + driver (Back pain)  
SULAIMAN MOHAMED IQBAL (male)  
MOHAMMED IQBAL MEHRAJBEUM (female)

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SLX619Y	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: 8750 1055	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH \ CHINESE \ MALAY \ TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER \ DRIVER \ BOTH



Motor Private Car

MX1E

N SN

AN0679A

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. DMPCSNW00070202200

Engine No.: A7131181N20B20B

Cha. No.: WBA5A32020D828848

1. Index Mark and Registration  
Number of Vehicle

SND8722K

AUTOSAFE

=====

2. Name of Policy Holder

ABDUL AJIS

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment.14/03/2022  
(08:45:42)

Named Drivers Ex Sect. I \$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 \$S3,000.00

Ex Sect. I - Age &gt;= 26 \$S500.00

\* Age as at date of accident

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

29/03/2023

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.

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.

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.

\* 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: ABWIN PTE LTD  
Authorised Officer

Authorised Signatory