

[illegible]

## 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	13/02/2023 18:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 20:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6462J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FIRDAUS BIN JUMARI
NRIC No	SXXXX619F
Email Address	firdaus_jumari@hotmail.com
Mobile Phone No	(Phone) +65-82208675
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00218832201

#### DRIVER

Name of Driver	MUHAMMAD FIRDAUS BIN JUMARI
NRIC No	SXXXX619F
Date Of Birth	24/05/1991
Occupation	Indoor

Date Of Driving Pass .....	14/06/2014
Driving experience .....	8 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82208675
Alt. Phone Number .....	-
Email Address .....	firdaus_jumari@hotmail.com
Address .....	BLK 854 JURONG WEST STREET 81 #06-514
Address complement .....	-
Postcode .....	640854
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Dry

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	NURAMIRA BINTE HASHIM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230213/7051

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG3420R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	THAN NAING SOE
Contact Number .....	(Phone) +65-87783547
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 .....	SJB8372U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAN YEE YUIN WENDY
Contact Number .....	(Phone) +65-97848219
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 .....	MUHAMMAD FIRDAUS BIN JUMARI
Gender .....	Male
Phone No .....	(Phone) +65-82208675
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJK6462J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


##### INJURED 2


Name of injured person .....	NURAMIRA BINTE HASHIM
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJK6462J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

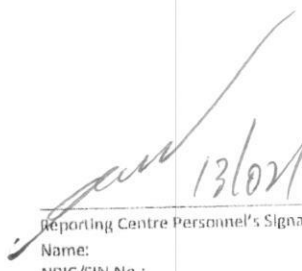
## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
  - (d) My Personal Information will be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) The Information so collected under (d) above may be shared/disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

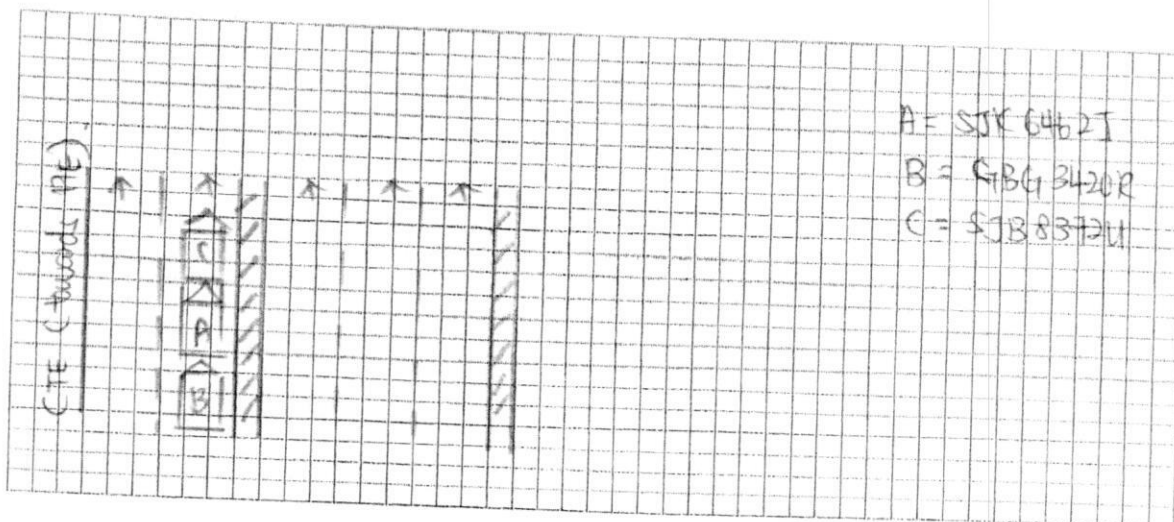
  
Policyholder's Signature  
Date & Time:

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

 13/02/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/02/2023, I was travelling along CIE towards PIE.  
 As the vehicle in front of me (SJB 8372U) has stopped, I slowed down my vehicle and stop. Suddenly, I felt an impact on my rear and realised that vehicle B (GBG 3420R) has collided on my vehicle. The impact pushed my vehicle forward and collided on vehicle C (SJB 8372U).  
 As a result, my car sustained damages on the front and rear portion. After the incident, I and my wife felt neck and back pain.

POLICE REPORT 7/20230213/7051

## DECLARATION

We declare the foregoing particulars are true in every respect.

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]* 13/02/2023  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20230213/7051

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230213/7051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/02/2023 14:14		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FIRDAUS BIN JUMARI			Address: 854 JURONG WEST STREET 81 #06-514 SINGAPORE 640854		
ID Type / ID No.: NRIC NO / S9120619F			Contact No.: Home/Office: Mobile: 82208675		
Nationality: SINGAPORE CITIZEN			Email: FIRDAUS_JUMARI@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 24/05/1991	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2023 20:05	Type of Location:
Location:  POTONG PASIR AVENUE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG3420R	Van	NISSAN	NV200			0
SJB8372U	Car	TOYOTA	RAV 4			0
SJK6462J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black		1



**SINGAPORE  
POLICE FORCE**



T/20230213/7051

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230213/7051

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK6462J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0021883 2201	29/10/2022	28/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	NURAMIRA BINTE HASHIM	ID No.	S9340462I	
Related Vehicle	SJK6462J (Car)	Contact No.	NIL	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	11/02/2023	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	MUHAMMAD FIRDAUS BIN JUMARI	ID No.	S9120619F	
Related Vehicle	SJK6462J (Car)	Contact No.	82208675	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	11/02/2023	Date	NIL	
No. of Days granted Medical Leave	04	Degree of	Slight	

**Brief Details.**

On 10/02/2023, I was travelling along CTE towards PIE.  
As the vehicle in front of me (SJB8372U) has stopped, I slowed down my vehicle and stop.  
Suddenly, I felt an impact on my rear and realised that vehicle B (GBG3420R) has collided on my vehicle.  
The impact pushed my vehicle forward and collided on vehicle C (SJB8372U).  
As a result, my car sustained damages on the front and rear portion.  
After the incident, I and my wife felt neck and back pain.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230213/7051

3 of 3

Report No. T/20230213/7051

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
13/02/2023 14:14

Classification Of Case:

VEHICLE NO: SJK646J

WB1

MAKE &amp; MODEL: Toyota Ahi

AUTO / MANUAL

DATE OF ACCIDENT	10 / 02 / 2023	*C.C.
TIME OF ACCIDENT	8.05 AM / PM	
LOCATION OF ACCIDENT	Along CTE before PIE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Muhammad Firdaus	Email: Firdaus-jumari@hotmail.com
TELEPHONE NO.	Mobile: 82208675	Office: Home:
NRIC	S9120619F	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INSURANCE CO.	China Taiping Insurance (Singapore) Pte Ltd.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMP CSNA00218832201	
NAME OF DRIVER	AS ABOVE / IF NO: Muhammad Firdaus Bin Jumari	
NRIC	S9120619F	
DATE OF BIRTH	24 / 05 / 1991	
ANY PASSENGER	YES / NO: 1	
NAME OF PASSENGER	Muramira Binte Hashim	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	Maine
DATE OF DRIVING PASS	14 / 06 / 2014	
GENDER	Male / Female	
CONTACT NO.	Mobile: 82208675	Office: Home:
EMAIL	Firdaus-jumari@hotmail.com	
ADDRESS	Blk 854 Jirong West Street 81 # 06-514 Singapore 640854	INSURER:
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	
RELATIONSHIP	Employee / If No, Owner	
WEATHER CONDITION	Clear / Raining / Other, Drizzling	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes, Who? Driver & passenger	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	GBG420R	Any Passenger: 0
NAME	Than Naing Soe	
CONTACT NO.	87783547	
VEHICLE C NO.	SJB8372U	Any Passenger:
VEHICLE D NO. Name	Chan Yee Yuen Wai	Any Passenger: Contact: 97848219
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	With owner
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Motor Private Car

MX1F

R SN

AN0723A

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.

DMPCSNA00218832201

Engine No. 3ZZ4804582

Cha. No. MR053ZEE106121425

1. Index Mark and Registration  
Number of Vehicle

SJK6462J

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

MUHAMMAD FIRDAUS BIN JUMARI

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

29/10/2022  
(00:00:00)

4. Date of Expiry of Insurance

28/10/2023

Named Drivers Ex Sect. I	SS\$500.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	SS\$3,000.00
Ex Sect. I - Age >= 26	SS\$500.00
* Age as at date of accident	
EX ON WINDSCREEN	SS\$100.00

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 SS\$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. : ACE 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.

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: Chua Suat Lay Sally  
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

www.sg.cntaiping.com