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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 <u>completed by the Policyholder and/or the Actual Driver</u>
- 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	13/02/2023 18:25 (SGT) Both Policyholder and Actual Driver 10/02/2023 20:05 (SGT) CTE, Singapore TOWARDS PIE Singapore
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DETA	AILS OF OWN VEHICLE	
Vehicle Registration Number	SJK6462J	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	110	
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
INCLIDANCE COMPANY	

INSURANCE COMPANY

Manufacturer

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

DRIVER

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

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? 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 Vehicle Manufacturer Vehicle Model	SJB8372U -
Vehicle Woder 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

No

INJURED 1

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

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 be a fee be made available upon application by
- 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 aforesald.
- 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)
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - 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
 - 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 complie 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:
 - 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.

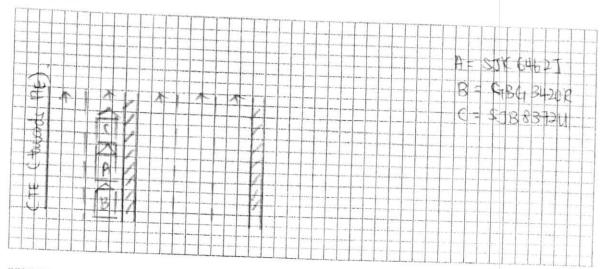
Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

porting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT
On 10 02/2023, I was travelling along CIE towards PIE.
As the vehicle intront of me (SJB 83724) has stopped, I slowed down
my vehicle and stop. Suddenly, I let an impact on my rear and realise
may vehicle B (GBG 3420R) has collided on my vehicle. The impact Pushed
my whiche forward and collided on vehicle (CSJ8837 DU).
this a result, my car sustained damages on the front and year particular
After the incident, I and my wife felt neck and back pain.
POLICH REPORT 7/20230213/7051
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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





T/20230213/7051

1 of 3

Report No. T/20230213/7051

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 13/02/2023		ade:	Vide Report No.:			Station Diary No.:	
Informant'	s Particul	ars					
Name of In			Address:			5111015055	
MUHAMMA	AD FIRDA	US BIN JUMARI	854 JURONG WEST STREET 81 #06-514 SINGAPOR 640854			SINGAPORE	
ID Type / II	D No.:		Contact No.:				
NRIC NO /	S912061	9F	Home/Office: Mobile: 82208675			208675	
Nationality: SINGAPOR		EN	Email: FIRDAUS_JUMARI@HOTMAIL.COM				
Sex: Male	Age: 31	Date of Birth: 24/05/1991	Type of Driver	Type of Informant: Driver			
Race: Javanese			Language: English			Institution	/ School Name:
Occupation TECHNICI			Driving Licence Information: Class: Date of Ex		spiry:		
	4						
General Inf		of the Accident	Т	Dist	Data/Tim	4	Tuna of Location:
Type of Accident:	10 2011	jury thers			Accident		Type of Location:
Location:				No	10/02/20	23 20:05	

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

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





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

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 Perso					Harris Ca	0.4075	
Any Pedestrian I							
No. of Pedestriar	Use of Pe	Use of Pedestrian Crossing: NA					
Passenger	Control of the second of						
Name	NURAMIRA BINTE HASHIM			ID No.		S9340462I	
Related Vehicle	SJK6462J (Car)			Contact No.		NIL	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry			s: NIL of Expiry: NIL
Date	11/02/2023	Date		NIL			
No. of Days gran	ted Medical Leave	03	Degree o	of	Slight	F	
Driver				1531.754.	Cligiti		
Name	MUHAMMAD FIRDAUS BIN JUMARI			ID No.		S912	0619F
Related Vehicle	SJK6462J (Car)			Contact No.		82208675	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry		Class	s: NIL of Expiry: NIL
Date	11/02/2023 Da			NIL			
No. of Days granted Medical Leave 04				Degree of			

Brief Details.

On 10/02/2023, I was travelling along CTE towards PIE.

As the vehicle infront 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.





3 of 3 Report No. T/20230213/7051

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

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

WG Trust

MAKE & MODEL: Toyota Attic KUTO / MANUAL VEHICLE NO: SJK6462J DATE OF ACCIDENT 10 / 02 / 2023 AM / RM) TIME OF ACCIDENT 8.05 Along CTE LOCATION OF ACCIDENT before PIE EMPLOYMENT / PRIVATE USE / PRIVATE HIRE EXACT PURPOSE USED AT TIME OF ACCIDENT Mulummad Firdous Email Findaus jumaria hotmail con NAME OF OWNER Mobile 8200 8675 Office. TELP NO NRIC 59120619 F / REPORTING ONLY THIRD PARTY LAIM TYPE OD 1 PLETT POLICY. YES (NQ) ? China Tasping Insurance (Singapore) Pte Ltd INSURANCE CO. Comprehensive Third Party / Third Party Fire & Theft TYPE OF COVERAGE DMP (SNA00218832201 POLICY NO. (AS ABOVE / IF NO. Mihammad Firda us 8in Junori NAME OF DRIVER NRIC S9120619F 24 / 05/1991 DATE OF BIRTH ANY PASSENGER YES / NO : Nuramira Binte Hashim NAME OF PASSENGER MALE / CEMALE GENDER OF PASSENGER Outdoor / Indoor OCCUPATION Marine 06 / 2014 DATE OF DRIVING PASS GENDER Male) Female Home. CONTACT NO. Mobile 82208675 Office. EMAIL Firdaus _ Jumani@ hotmail.com BIK 854 Irong West Street 81 # 06-514 STMX.pore 640854 ADDRESS INSURER. DOES DRIVER OWN OTHER VEHICLES? NO / If yes . Reg No. Employee / If No. Duner RELATIONSHIP Other, Drizzina WEATHER CONDITION Clear / (Raining Dry (Wet) Other ROAD SURFACE No/Iffyed, Who? Driver passenger ANY INTURIES CONTACT NO. No / If yes . Where? POLICE REPORT NO/IF YES, WHO? NOTICE OF INTENDED PROSECUTION GIVEN? Any Passenger : () VEHICLE B NO. GBG3420R NAME Than Naina CONTACT NO. 87783547 SJB8372U Any Passenger . VEHICLE C NO. Any Passenger Contact 97848219 VEHICLED NO Hamo (Non Yee Yuin War Any Passenger VEHICLE E NO. Any Passenger VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. YES / NO WAS THERE ANY VIDEO CAPTURE? YES (NO WAS THERE ANY AUDIO RECORDED? WAR OWNER. YES)/ NO SCENE ACCIDENT PHOTOS TAKEN? Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1F

R

CERTIFICATE OF INSURANCE

ntor Venicles (Third-Party Risks and Compensation) Act (Charter 189) Motor Venicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Venicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0723A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00218832201

Engine No : 3ZZ4804582

Cha. No.: MR053ZEE106121425

Index Mark and Registration Number of Vehicle

SJK6462J

AUTOSAFE

Name of Policy Holder

MUHAMMAD FIRDAUS BIN JUMARI

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

29/10/2022

Named Drivers Ex Sect 1

\$\$500.00

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

\$\$3,000.00

4 Date of Expiry of Insurance 28/10/2023

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident EX ON WINDSCREEN

S\$100.00

Persons or Classes of Persons entitled to drive

(a) The Policyholder

(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

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward fultion 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 \$\$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.

E-FUNCHASE CO.: AGE FINANCIAL SERVICES F.E. L.LU.

**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 those 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PIE. 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

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