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			Car/Tpt Allowance	0.5		

# **SINGAPORE ACCIDENT STATEMENT**

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. 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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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	16/02/2023 13:19 (SGT) Both Policyholder and Actual Driver 16/02/2023 07:50 (SGT)
Exact Location of Accident	Singapore HOUGANG AVENUE 3 ( NEAR BLK 2 )
Additional Location Information	
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

**SMN765Z** 

INSURED/POLICYHOLDER	
Is company?	No

NURRIDUAN BIN MUHAMMAD Name Of Registered Owner SXXXX487J NRIC No wan\_repsol@hotmail.com Email Address (Phone) +65-91692421 Mobile Phone No Alternative Phone No

## VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Honda	
Model	Shuttle	
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	1496	33

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00056642200

#### DRIVER

Name of Driver	NURRIDUAN BIN MUHAMMAD
NRIC No	SXXXX487J
A No. of the Control	22/04/1985
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass	16/05/2005
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91692421
Alt Phone Number	•
Email Address	wan_repsol@hotmail.com
Address	APT BLK 440B FERNVALE LINK
Address complement	# 06-171
Postcode	792440
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	
Vehicle Registration Number of Other Vehicle Office of Vehicle	
Insurance Company of Other Vehicle Owned by Driver	· ·
insurance company or care	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Road Surface	
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
Use the driver been approached by unknown person(s)	
collecting/offering accident claims assistance?	No
Translator's name	•
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	-
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
Was notice of intended Prosecution given:	•
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	. No
DETAILS OF OTH	HER VEHICLE PROPERTY 1
Vehicle Registration Number	FBN4991R
Vehicle Manufacturer	
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Motorcycle
Name of Driver	LIU WEI
Contact Number	(Phone) +65-83079223
Contact Number	V. Account appropriately and

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

- 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 Actual 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.
- 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.
- 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.

Policyholder's Signature / Date & Time

Actual Driver's signature (if driver is not the policyholder) / pate & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

16/02/2023

Sketch Plan Hougang Avenue 3 CNear 8lk 2)

A:SMN 7657

B:FBN 4901R

I was travelling along Hougang Avenue 3 (near BIK 2) on
16/02/2023 at about 7.50am. The car infront slow down and
stopped I follow thur. Suddenly Vehicle B collided onto the rear
left portion of my vehicle. We alighted, exchange particulars and
left the Scene.

Declaration

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

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

DATE OF ACCIDENT	16 / 02 /2023 *C.C. 1500
TIME OF ACCIDENT	7.50 AM P
LOCATION OF ACCIDENT	Hougang Avenue 3 (near BIK 2)
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE DSE / PRIVATE HIRE
NAME OF OWNER	
And the state of t	Nurriduan Bin Munammad
NRIC Wall_Teps	ol @ hot mail.com Office. MOBILE 91692421
	S8512487J
CLAIM TYPE	OD / THRO PARTY / REPORTING ONLY
FLEET POLICY.	YES OF ?
INSURANCE CO.	China Taiping
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSNW00056642200
NAME OF DRIVER	AS ABODE / HENO
NRIC ,	\$85124875
DATE OF BIRTH	22 / 04 / 1985
ANY PASSENGER	YES /NO:
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
Date of driving pass	16 / 05 / 2005
GENDER	Male / Female
CONTACT NO.	Mobile, 91692421 Office. Home.
EMAIL:	Wan - repsol @ hotmail - com
ADDRESS	Dob 21% hung Gormall (0m)
	MOT WIK ITHINK POVINIALA LINAK BEALASTILL ISLAMITH
DOES DRIVER OWN OTHER VEHICLES?	MO) Hyes. Reg No. 100 Insurer
DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP	MO) / H yes. Reg No. This urer.
RELATIONSHIP	Employee / If No.
	Employee / If No.  Clear / Raining / Other.
RELATIONSHIP WEATHER CONDITION ROAD SURFACE	Employee / If No.  Clear / Raining / Other.  Ony / Wet / Other.
relationship Weather condition	Employee / If No.  Clear / Raining / Other:
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONTACT NO.  POLICE REPORT	Employee / If No.  Clear / Raining / Other.  Dry / Wet / Other.  No If yes. Who?
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RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONTACT NO  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE  VEHICLE B NO.  NAME  CONTACT NO.  VEHICLE C NO.  VEHICLE D NO.  VEHICLE D NO.  VEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?  SCENE ACCIDENT PHOTOS TAKEN?	Employee / If No.  Clear / Raining / Other.  Dry / Wet / Other.  Monty yes. Who?  No/If yes. Who?  No/If yes. who?  FBN 4991 R Any Passenger.  Liu Wei  6307 9223  Any Passenger.  Any Passenger.  Any Passenger.  Any Passenger.  Any Passenger.  Any Passenger.  Lee Brothers Automotive Pte. Lid

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Motor Private Car

MX1F

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#### 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)

AN0420A

Cov. Type:C

SN

CERTIFICATE No.

DMPCSNW00056642200

Engine No.: L15B5462466 Cha. No.: GK81202109

Index Mark and Registration Number of Vehicle

SMN765Z

AUTOSAFE ------

2. Name of Policy Holder

NURRIDUAN BIN MUHAMMAD

Effective date of the Commencement of

28/02/2022 Insurance for the purposes of the Regulations, (13:35:51)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$\$3,000.00 Ex Sect. I - Age >= 26 \$\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

Ordinance or Enactment 4. Date of Expiry of Insurance

24/06/2023

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

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)

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.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) 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: INXPRESS INSURANCE AGENCY 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

C 6389 6111

6222 1033

www.sg.cntaiping.com