

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	16/02/2023 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVENUE 3 (NEAR BLK 2)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN765Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NURRIDUAN BIN MUHAMMAD
NRIC No	SXXXX487J
Email Address	wan_repsol@hotmail.com
Mobile Phone No	(Phone) +65-91692421
Alternative Phone No	-

VEHICLE PARTICULARS

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

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
Date Of Birth	22/04/1985
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	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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
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	-

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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER 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

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

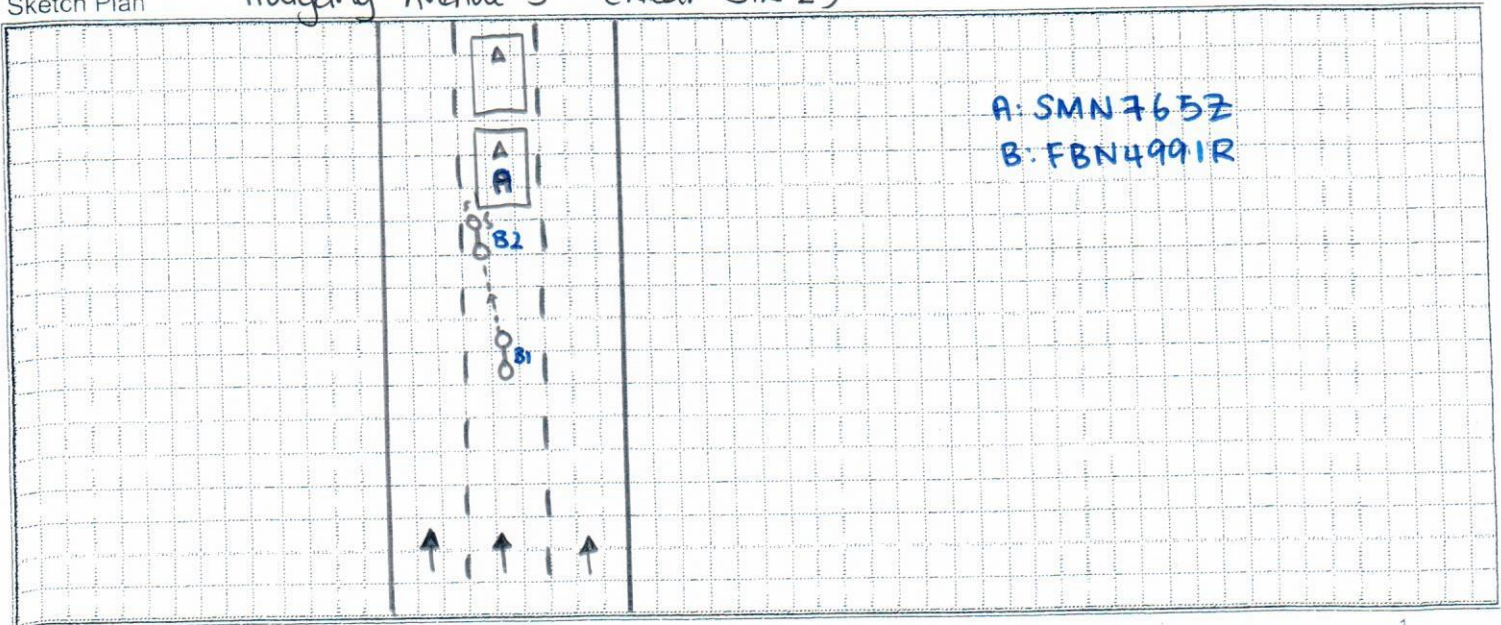
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Hougang Avenue 3 (Near Blk 2)



Describe Circumstance of the Accident

I was travelling along Hougang Avenue 3 (near Blk 2) on
16/02/2023 at about 7.50am. The car in front 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)
/ Date & Time

 16/02/2023

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

VEHICLE NO: SMN765Z

MAKE & MODEL: Honda Shuttle.

AUTO / MANUAL

DATE OF ACCIDENT	16 / 02 / 2023	*CC: 1500
TIME OF ACCIDENT	7.50	AM / PM
LOCATION OF ACCIDENT	Hougang Avenue 3 (near BIK 2)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Nurriduan Bin Muhammad	
EMAIL:	wan-repsol@hot mail.com	Office: MOBILE: 91692421
NRIC	S8512487J	
CLAIM TYPE	OP / THIRD PARTY / <u>REPORTING ONLY</u>	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00056642200	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	S85124875	
DATE OF BIRTH	22 / 04 / 1985	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	16 / 05 / 2005	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 91692421 Office: Home:	
EMAIL:	Wan-repsol@hot mail.com	
ADDRESS	Apt BIK 440B Fernvale Link #06-171 (S) 792440	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.:	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>NO</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	FBN4991R	Any Passenger: -0-
NAME	Liu Wei	
CONTACT NO.	8307 9223	
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



Motor Private Car

MX1F

E SN

AN0420A

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.	DMPCSNW00056642200	Engine No.: L15B5462466	Cha. No.: GK81202109
1. Index Mark and Registration Number of Vehicle	SMN765Z	AUTOSAFE	=====
2. Name of Policy Holder	NURRIDUAN BIN MUHAMMAD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/02/2022 (13:35:51)	Named Drivers Ex Sect. I	\$S500.00
4. Date of Expiry of Insurance	24/06/2023	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
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 \$S500 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



[Signature]

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Signature]

Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory