

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 19/06/2024	TIME OF ACCIDENT: 1348hrs
VEHICLE NO: SLJ2786H	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: Honda Shuttle	LOCATION: River Valley Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: China Taiping	POLICY NO: DMHCSNA00023652300
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: M Label Rental Pte Ltd	NRIC: 202337101H
ADDRESS: 53 Ubi Avenue 1 #02-44 Paya Ubi Industrial S(408934)	CONTACT NO:
EMAIL ADDRESS: adele@mcorporations.sg	VIDEO RECORDING: YES / NO
NAME OF DRIVER: AS ABOVE / IF NO: Mohammad Danial Bin Rosman	NRIC: 590391561 CONTACT NO: 84948310
DRIVER OWNER RELATIONSHIP: Private Hire	PASSENGER: MALE (01) FEMALE ( ) include driver (02)
DATE OF BIRTH: 20 / 10 / 1990	DRIVING PASSING DATE: 25 / 07 / 2012
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: 415D North Shore Drive #11-575 S(824415)
ANY INJURIES: NO, IF YES: -	POLICE REPORT: NO / IF YES WHERE? -
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: SHB4967D	VEHICLE C REG NO:
DRIVER NAME: Chia Gek Hup	DRIVER NAME:
NRIC: 51183964I	NRIC:
CONTACT: 97852165	CONTACT:
VEHICLE D REG NO:	ANY WITNESS? NO, IF YES:
DRIVER NAME:	NAME:
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN? YES / NO WERE INJURY CONVEYED BY AMBULANCE: YES / NO

## SKETCH PLAN

### 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 Authorised 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. 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 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

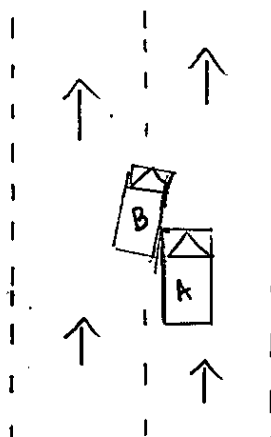
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: SLJ2786H

B: SHB4967D

**Describe Circumstances of the Accident**

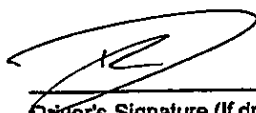
straight

on 19/06/2024 at about 1348hrs, I was travelling along River Valley Road  
suddenly I felt an impact on my front left portion. Vehicle B (SHB 4967D)  
have bumped onto my front left portion of my vehicle.

**Declaration**

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

x  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel