

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 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. 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 29/04/2022 18:36 (SGT)
Date of Accident 28/04/2022 17:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOR G TELOK KURAU (AMERY CONDO)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBD2985A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUZALI BIN MOHAMAD
NRIC No S1750971C
Email Address suzali.muhd@gmail.com
Mobile Phone No (Phone) +65-87211114
Alternative Phone No +65-87211114

VEHICLE PARTICULARS

Manufacturer Proton
Model SAGA 1.3L AT M-LINE AIRBAG 2WD 4DR
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1332

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00058702200
Cover Note Number 02/03/22 - 01/03/23

DRIVER

Name of Driver SUZALI BIN MOHAMAD
NRIC No S1750971C

Date Of Birth	08/05/1966
Occupation	Indoor
Date Of Driving Pass	25/11/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87211114
Alt. Phone Number	+65-87211114
Email Address	suzali.muhd@gmail.com
Address	BLK 6 TECK WHYE AVE #12-112
Address complement	-
Postcode	6980006
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	Collided into Parked Vehicle
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

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

REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4429X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	JAW MENG SEOK
NRIC No	S6831374J
Contact Number	(Phone) +65-87764429
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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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.

1. VEHICLE NO.: SBD 2985A
 2. INSURER CO.: CHINA ZHENHONG
 3. ACCIDENT DATE & TIME: 28/4/22 5:35 PM

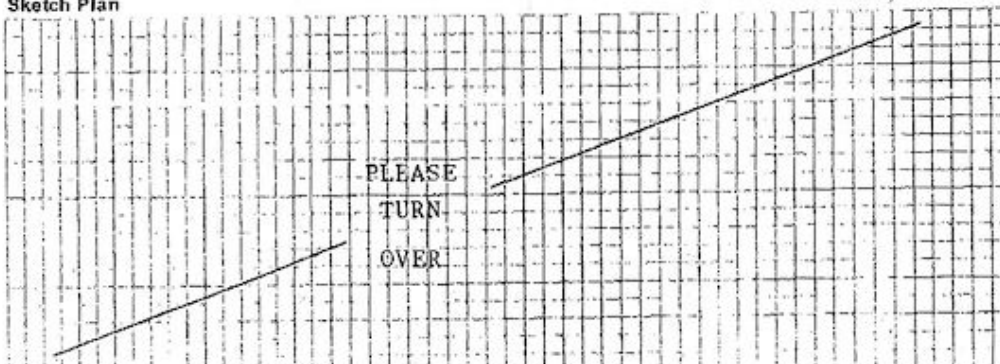
Policyholder's Signature / Date & Time

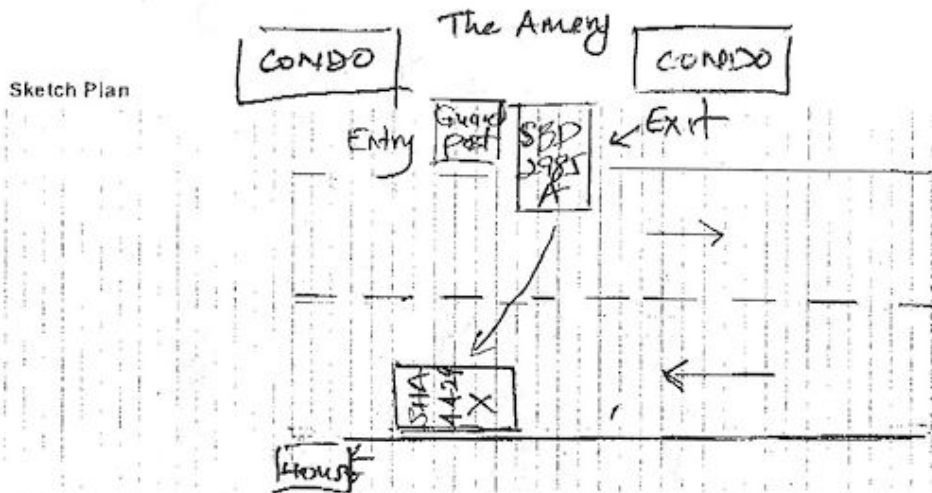
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

(WL)

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/4/22 @ 1735 hrs, while I was driving my vehicle SBD 2985 A when exiting out of The Amery condominium I accidentally hit the rear right wheel side of Taxi SHA 4429X which was parking at the opposite road. I was turning right and the space was very tight.

Both drivers of the 2 motor vehicles took down particulars of each other and we agree to report for accident claim.

That's all.

Susali Bin Mohamed

[Signature] 29/4/22
@ 1210 hrs
P1750971C

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

29/4/22
@ 1210 hrs

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

() Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop () Reporting Only

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:
(WL)









