

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 First Submission	01/07/2024 16:08 (SGT)
Reported by	Actual Driver
Date of Accident	28/06/2024 23:45 (SGT)
Exact Location of Accident	30 Changi N Cres, Singapore 499612
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ8969J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Company Reg No	2XXXXX970Z
Email Address	ADLINE@AUTOBAHNRENTACAR.SG
Mobile Phone No	(Phone) +65-96461329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2493

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004662400

DRIVER

Name of Driver	MUHAMAD HASLIN BIN OTHMAN
NRIC No	SXXXX953J
Date Of Birth	08/05/1978
Occupation	Outdoor

Driving Pass Date	07/04/2009
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81131414
Alt. Phone Number	-
Email Address	ADLINE@AUTOBAHNRENTACAR.SG
Address	BLK 438A BUKIT BATOK WEST AVENUE 8
Address complement	#08-1021
Postcode	651438
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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

REFER TO THE SKETCH PLAN.

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	SHA8352G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

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.



Policyholder's Signature & Date & Time

[Handwritten Signature]

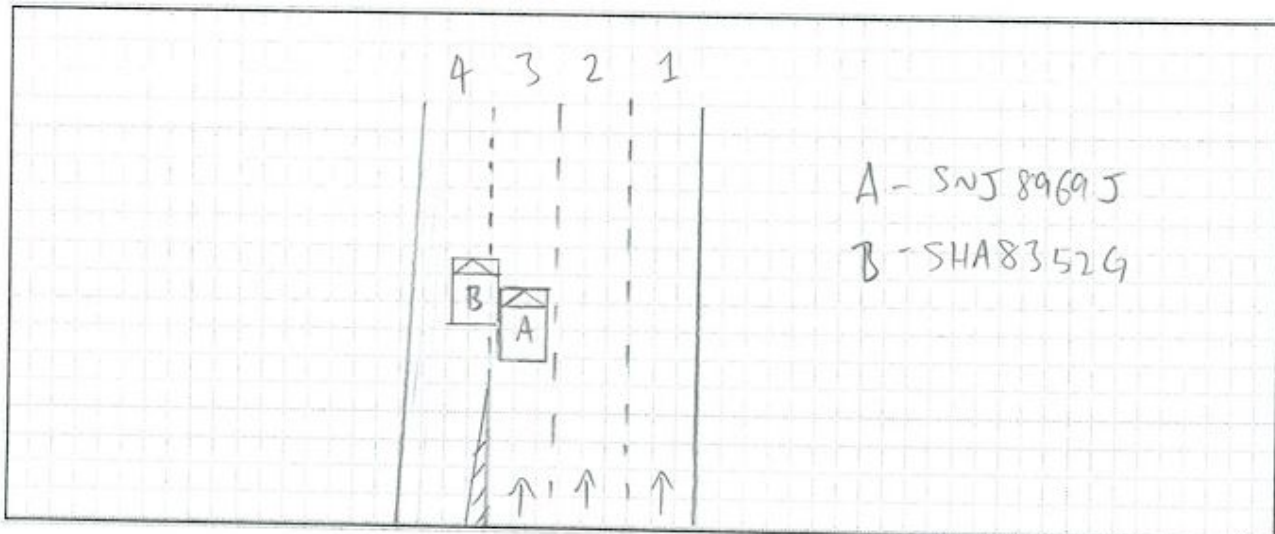
Driver's Signature (if driver is not the policyholder) / Date & Time

16/12/24



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

Sketch Plan



Describe Circumstance of the Accident

On June 28th at approximately 11:40pm, I was driving towards Terminal 4 on the pie (Pan Island Expressway). While driving, I suddenly heard a sound from my rear car sensor. When I looked in my rearview mirror, I saw a taxi approaching at an aggressively fast speed behind me. The taxi then abruptly steered to ^{the} right lane and dangerously kept a close distance to my vehicle.

Suddenly, I felt an impact from the left side of my vehicle and realised that a taxi emerged from a minor exit lane at high speed and collided with my vehicle. I am confident that I was in my lane and had the right ^{of} way. The taxi driver quickly called his friend, and several other taxis arrived at the scene shortly after. We both confirmed that we did not suffer any injuries but I would add in that this might be a staged accident. The taxi driver suggested a private settlement, which I believed ^{the} the accident was not my fault. I later learned that he had made a report when I called the next day.

Declaration

I/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

11/2/2024



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

I am available to provide any additional details or clarification needed regarding this incident.

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