

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 ability.
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 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 Report	13/11/2017 16:03
Date Of Accident	12/11/2017 17:30
Exact Location Of Accident	SENGKANG EAST RD (TPE) BF JUNCTION OF SENGKANG WE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5647U
Insured/Policyholder	
Name Of Registered Owner	POCKETSIZE PTE LTD
Co Reg No	200919223D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1715971700
Cover Note Number	

Driver

Name of Driver	MOHAMAD FEZAL BIN ABU BAKAR
NRIC No	S7539010F
Date Of Birth	27/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83561211
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 56 LENGKOK BAHRU #08-455
Postcode	150056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 12/11/2017 AT ABOUT 1730HRS AT ALONG SENGKANG EAST ROAD TOWARDS TPE BEFORE JUNCTION OF SENGKANG EAST AVE. I WAS TRAVELLING ON THE 2ND LANE FROM THE LEFT AND STOP BEHIND A VEHICLE DUE TO THE TRAFFIC LIGHT TURNS RED. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SJL 5647U (B) SHD 6990L

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	SHD6990L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

BACK AND NECK PAIN

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

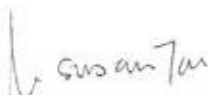
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging 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 at a fee.
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 the purposes of (i) (iv) and (v) above.
- (c) My Personal Information may/are disclosed by any of the Insurers and/or GIA to their respective advisory, claims or agent(s) including their lawyers/law firms, which may/are permitted to be of Singapore, foreign or more than one of the above.
- (d) My Personal Information may/are collected and used to settle claims (including the issuing of offer of settlement, negotiation and management of compensation) with respect to my claims.
- (e) My information collected under (a) above may be shared/ disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing financial, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name
NRIC/FIN No:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/11/2017 at about 17:30 hrs at along Sengkang East Road towards TPE before Junction of Sengkang East Ave. I was travelling on the 2nd lane from the left and stop behind a vehicle due to the traffic light turn RED. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle.

(A) CSL 5647 U

(B) CHD 6990 L

DECLARATION

(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:

Reporting Officer/Inspector's Signature
Name:
S/N: 123456