

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	11/11/2017 11:38
Date Of Accident	10/11/2017 17:15
Exact Location Of Accident	AFTER BEDOK NORTH FLYOVER TOWARDS BEDOK RESERVOIR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ5700J
Insured/Policyholder	
Name Of Registered Owner	JAREL ABDUL JALIL BIN ABDUL AZIZ
NRIC No	S7410335I
Email Address	JAREL777@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-82282010
Alternative Phone No	OTHERS-82282010
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3030761700
Cover Note Number	
Driver	
Name of Driver	JAREL ABDUL JALIL BIN ABDUL AZIZ
NRIC No	S7410335I
Date Of Birth	24/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-82282010
Fax Number	
Contact Number	OTHERS-82282010
Email Address	JAREL777@SINGNET.COM.SG

Address	25 TAMPINES STREET 34 #07-21
Postcode	529234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6757P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	XIA DANIAN
NRIC/Passport Number	G8045827X
Contact Number	96640750
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, 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: 11/11 1130

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/11 1130

Reporting Centre Personnel's Signature

Name: [Signature]

NRIC/FIN No.: [Signature]

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S74103351



Name
JAREL ABDUL JALIL B. ABD. AZIZ

Race
INDIAN

Date of birth
24-03-1974

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S74103351**

Name
JAREL ABDUL JALIL B. ABD. AZIZ

Birth Date: **24 Mar 1974**

Issue Date: **25 Aug 2009**



5564599



NRIC No: **S74103351**




Date of issue
22-02-2016

Address
**25 TAMPINES STREET 34
#07-21
SINGAPORE 529234**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars ≤ 2000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 250kg 18 Mar 1995



License No: **S74103351**

425A

Sketch Plan #2

A) 8275700J
 B) CB6757P

1. ON THE 10/11/17 APPRO 1715 HRS AS I WAS TRAVELLING ALONG BRIDGE NORTH FLYOVER TOWARDS BEDOK RESERVOIR RD.
2. I WAS ON THE EXTREME RIGHT LANE AND ATTEMPTING TO THE LEFT TO ENTER KAEI BUKI/ MINI BUS DRIVER XIA DANIAN QBC6757D REFUSED TO GIVE WAY AND HE SQUEEZE PAST MY LEFT AS I ENTER ALMOY HALF OF THE EXTREME RIGHT LANE. I HAD TO SUDDENLY STOP AS TO PREVENT AN ACCIDENT FROM HAPPENING
3. FROM MY WINDSCREEN, I COULD SEE THAT THE DRIVER XIA DANIAN HAD A CLEAR VIEW OF ME AND MY CAR. I SIGNALED HIM TO GIVE WAY. HE ONLY STARED ANGRILY AT ME. I REARDED MY VEHICLE AND AS SOON AS IT WAS CLEAR TO MOVE. I PROCEED BUT TO MY HORROR, DRIVER XIA DANIAN ON PURPOSE MOVE FORWARD AND HIT MY FRONT LEFT BULB/BEAM AND SIDE PANEL AND LIGHTS.
4. DRIVER XIA DANIAN HAD INTENTIONALLY HIT ME AND REFUSED TO EXCHANGE PARTICULARS. HE DOES NOT SPEAK ENGLISH.
5. I MANAGED TO EXCHANGE PARTICULARS ONLY AFTER SPEAKING TO HIS BOSS OVER HIS PHONE.
6. I HAVE ATTACHED A IN CAM VIDEO ON THE ABOVE ACCIDENT.

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

Reporting Centre Personnel's Signature
Name: Paul W. H.
NRIC/PIN No. Paul W. H.

NRIC/ID No. KO LI WATERS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



ADDENDUM SHEET



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665300204 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA1171493 Vehicle Registration No: SJ55700J
Name (as shown in NRIC): JARUL ABUUL JALIL B. ABD AZIZ NRIC/FIN/Passport No: 574103352
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 82282010
Email Address: _____
Date of Accident: 10/11/2017 Time of Accident: 17:15
Place of Accident: AFTER BRICK NORTH FLYOVER TOWARDS BRICK RESERVOIR
Insurance Company: CHINA AIRPOWER

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DECISION DATE ON SKETCH FROM STEEL BE 10/11/2017

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Roshni W. Bhatia
NRIC/FIN No.: 13/11/2017
Date: