

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	18/12/2017 11:56
Date Of Accident	16/12/2017 17:40
Exact Location Of Accident	ADMIRALTY ROAD WEST (GATE 1)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR9777U
Insured/Policyholder	
Name Of Registered Owner	SUZANNA BINTE ABU TALIB
NRIC No	S7422488A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83818676
Alternative Phone No	OTHERS-83818676
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
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	DMPCSN3011491701
Cover Note Number	
Driver	
Name of Driver	ABDUL HAZIM BIN OMAR
NRIC No	S7438677F
Date Of Birth	23/11/1974
Occupation	INDOOR
Date Of Driving Pass	10/09/1998
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83818676
Fax Number	
Contact Number	OTHERS-83818676
Email Address	NOEMAIL

Address	17 WOODLANDS AVENUE #14-20
Postcode	738997
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	WET

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)	3

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(COLLISION TYPE IS HEAD TO SIDE)

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	SGU7288Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM CHYE SENG
NRIC/Passport Number	S6923748G
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	ABDUL HAZIM BIN OMAR
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Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJR9777U
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ARYN AMANI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJR9777U
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name AFYQ AMANI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJR9777U
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

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:

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

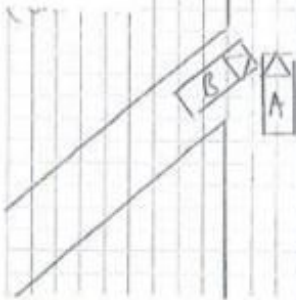
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

Admiral to
Rd. west
Gate 14

(A) SJR 9774V
(B) SGU 7288Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.12.2017 at about 17:40hrs. I was travelling along Admiralty Rd West (Lane 1). As I was heading straight, all of a sudden a vehicle SGU72997 from Strip Road had collided into my front Lft side portion. Due to the hard impact, my vehicle was badly damaged. That's all.

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:

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

I Lim Chye Seng 1/C 569237486
 collided with vehicle SJR 97774
 at entrance of gate 1 Sombawang
 8/yard I admit my mistake
 and agreed on insurance claim

Lim 51438671F

CB (am)

1740

gav 18/12/2017

filter on

gate 1

↑

↓

Lim Chye Seng
 1/C 569237486.

AA

1740

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7438677F**



Name
ABDUL HAZIM BIN OMAR

Race
MALAY

Date of birth
23-11-1974

Sex
M

Country of birth
SINGAPORE

003931667A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7438677F**

Name
ABDUL HAZIM BIN OMAR

Birth Date **23 Nov 1974**

Issue Date **05 Jan 2012**



4767468



NRIC No. **S7438677F**



Date of issue
18-08-2011

APT BLK 612A CHUA CHU KANG AVENUE 7 #05-673
SINGAPORE 681612

NRIC No: **S7438677F** Date: **22/08/2016**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 100 cc	25 Apr 1993
Class 2A Motorcycles between 201 cc and 400 cc	09 Mar 1994
Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	16 Sep 1998

NP 428A





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

