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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/12/2017 16:58
Date Of Accident	18/12/2017 13:45
Exact Location Of Accident	CTE TWDS JURONG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDW4445E
Insured/Policyholder	
Name Of Registered Owner	SITI PATIMAH CATERING
Co Reg No	53354855A
Email Address	ANISBIYAH@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92479369
Vehicle Particulars	
Manufacturer	HONDA
Model	EDIX 1.7 A
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMHCSN1709761700
Cover Note Number	25/01/17 - 24/01/18
Driver	
Name of Driver	HAIRUMBIYAH BINTE GHABI
NRIC No	S8339064F

NRIC No S8339064F
Date Of Birth 03/12/1983
Occupation INDOOR
Date Of Driving Pass 18/10/2010

Driving Experience 7 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92479369

Fax Number

Contact Number

EMail Address ANISBIYAH@GMAIL.COM

BLK 670C EDGEFIELD PLAINS #11-642 Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2

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

Accident occurred on 18/12/17 @ 1.45pm at CTE towards Jurong. At the slope (after Braddell exit). Suddenly the vehicle B (SHB9808Y) had stopped. I was unable to stop in time and collided onto the rear of the said vehicle. No one was injured. We exchanged particulars and left.

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 SHB9808Y

Vehicle Make/Model/Colour

Details Of Properties

HO BOON KHENG DESMOND Name of Driver

NRIC/Passport Number S6928000E 98766233 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

VEHICLE NO .: SDW4445B

INSURER :

18/12/2017 @ 1:45pm

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 interested parties.
- By the lodgment 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.
- 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:
 - 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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

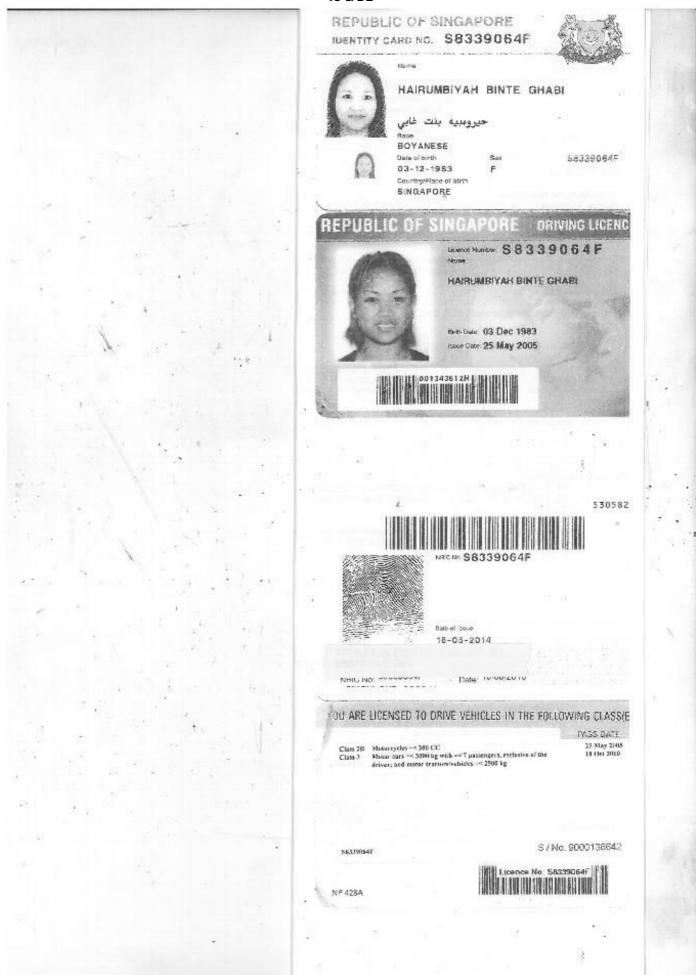
Date & Time:

Reporting Centre Personne Name: C(5)

SJARMUSketchPlanForm_V3

SKETCH PLAN Jurana A: SDW 44456 B: SHB 9808 Y Ho Boon knewy Desmord DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Accident occur on 18/17/17 6) 1.450m at CTE towards Jurong. At the slope (after Braddell exit). B (SHB 98084 and COOK DINE Wal Davaichlans let. and Note: Please note that your insurer may have 14days 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. Policyhole Driver's Signature Reporting Centre Personnel's Signature Date & (if driver is not the policyholder) Name: (YS) Date & Time: NRIC/FIN No.: CIARMC Sketchefapform, Vin. (+) Claim Own Policy (-) Claim Third Party /Reporting Only

() Claim OD/TP at other workshop (_



Accident Photo











Accident Photo



SCENE



SCENE



