

## 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	12/01/2018 13:46
Date Of Accident	11/01/2018 20:10
Exact Location Of Accident	KPE TWDS TAMPINES NEAR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9257A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR SHAUN SEBASTIAN DAS
NRIC No	S8110601J
Email Address	SHAUNSDAS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97622696
Alternative Phone No	OFFICE-97622696

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	DMPCSN3088861700
Cover Note Number	-

### Driver

Name of Driver	MR SHAUN SEBASTIAN DAS
NRIC No	S8110601J
Date Of Birth	03/04/1981
Occupation	INDOOR
Date Of Driving Pass	29/07/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97622696
Fax Number	
Contact Number	OFFICE-97622696
Email Address	SHAUNSDAS@HOTMAIL.COM

Address	BLK 316C PUNGGOL WAY #04-695
Postcode	823316
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	7
Passenger 1	NAME: : MARIE HOGAN GENDER: : FEMALE
Passenger 2	NAME: : LARA ALENA DAS GENDER: : FEMALE
Passenger 3	NAME: : JOHANNA MOINI GENDER: : FEMALE
Passenger 4	NAME: : KIYAN MOINI GENDER: : MALE
Passenger 5	NAME: : LEVIN MOINI GENDER: : MALE
Passenger 6	NAME: : AVA MOINI GENDER: : FEMALE

#### 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 ATTACHED STATEMENT.

#### 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	EK90Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDWIN TAN YEW HOCK
NRIC/Passport Number	S8201531J
Contact Number	93388201
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	SHAUN SEBASTIAN DAS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	MARIE HOGAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	LARA ALENA DAS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 4**

Name	JOHANNA MOINI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS9257A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

#### DETAILS OF INJURED PERSON 5

Name KIYAN MOINI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS9257A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 6

Name LEVIN MOINI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS9257A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 7

Name AVA MOINI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS9257A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident 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.:

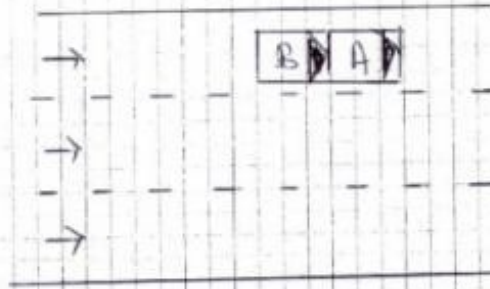
# Accident Sketch Plan

SKETCH PLAN

⇒ KPE towards Tampines near Paya Lebar Exit

Vehicle A - SLS 9257A

Vehicle B - EK 90Y



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, at the stated venue,  
I vehicle 'A' SLS 9257A was travelling straight  
on my rightful lane, suddenly I felt a great  
impact on my rear portion. Vehicle 'B' EK 90Y,  
collided onto my vehicle rear portion.

Passengers :-

1) Shaun Sebastian Das

2) Marie Hogan

3) Lara Alena Das

4) Johanna Moini

5) Kiyan Moini

6) Levin Moini

7) Ava Moini

## 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:  
NRIC/FIN No.:



DRIVING DOC

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8110601J**

Name:

**SHAUN SEBASTIAN DAS**

Birth Date: **03 Apr 1981**


Issue Date: **29 Jul 2010**





**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8110601J**



Name

**SHAUN SEBASTIAN DAS**

Race

**CHINESE-INDIAN**

Date of birth

**03-04-1981**


Sex

**M**

Country of birth

**SINGAPORE**







DRIVING DOC





Accident Photo



Accident Photo



Accident Photo



Accident Photo





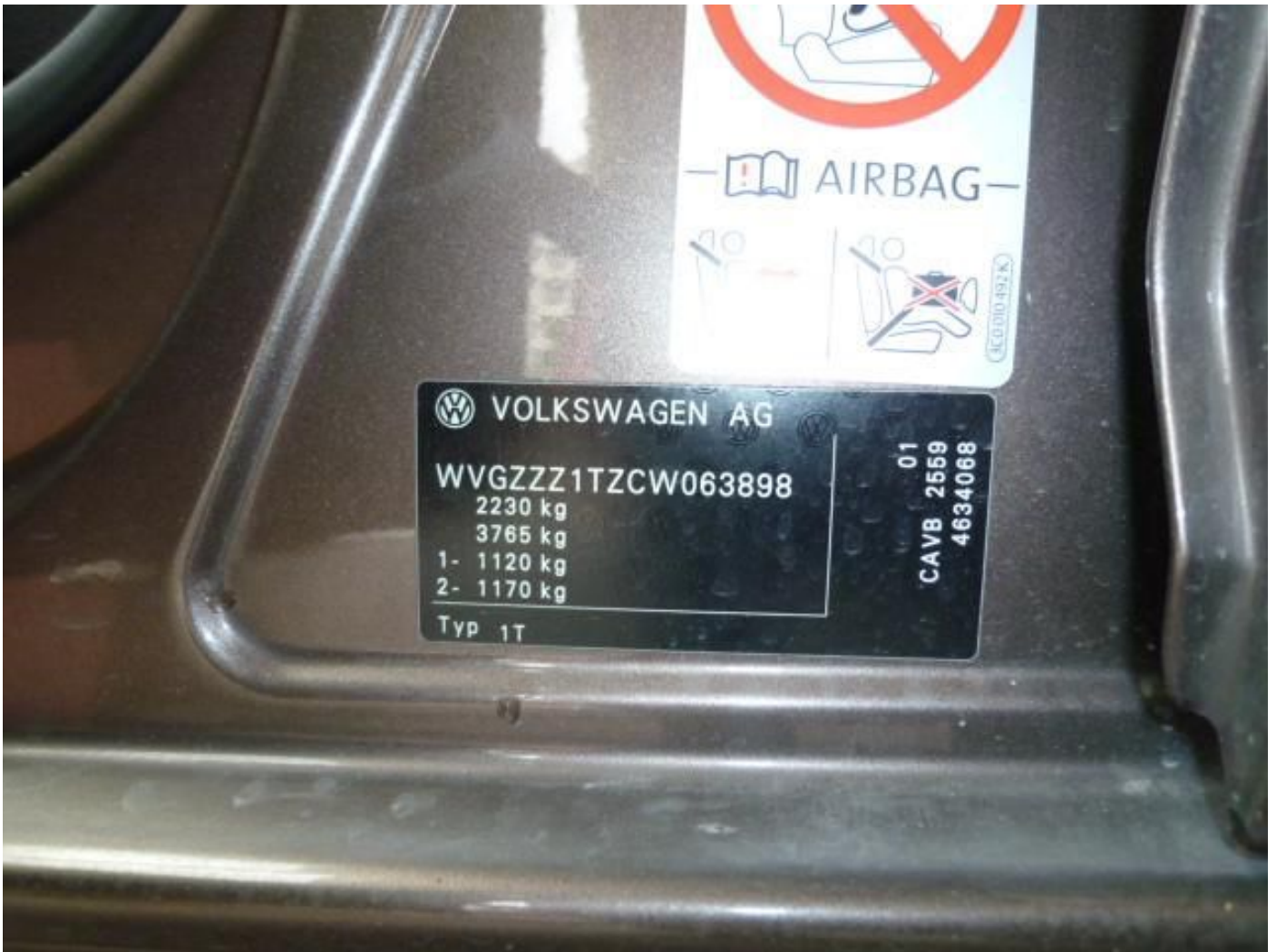
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