#### 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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	02/02/2018 10:48
Date Of Accident	02/02/2018 08:00
Exact Location Of Accident	FILTER LANE OF TAMPINES RD TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX769G
Insured/Policyholder	
Name Of Registered Owner	MR MUHAMMAD SELAMAT BIN IDRIS
NRIC No	S8434757D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96557950
Alternative Phone No	OTHERS-96557950
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
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	DMPCSN3063251700
Cover Note Number	
Driver	

Name of Driver MR MUHAMMAD SELAMAT BIN IDRIS

NRIC No S8434757D

Date Of Birth 24/10/1984

Occupation INDOOR

Date Of Driving Pass 23/11/2010

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96557950

Fax Number

Contact Number OTHERS-96557950

EMail Address NOEMAIL

Address BLK 208B PUNGGOL PLACE

#11-918

Postcode 822208

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

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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

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SITI ZAHRAH BTE HASSAN

GENDER: : FEMALE

Passenger 2 NAME: : NAYLAH MD SELAMAT

GENDER: : FEMALE

Passenger 3 NAME: : NASYWAH MD SELAMAT

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

PLS REFER TO THE 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 SHB2304E

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category

Name of Driver

NRIC/Passport Number S1139384E Contact Number 98467540

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Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 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)

Lunderstand, 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)
  - 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 invoive 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.

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

Name: NRIC/FIN No.: • SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT lane of alny filter Tampines was traverny 02-04-2018@ Road Horyang Ne3 OA towards venine 0800 lue. . Stationary my 1 was Gudd enly. +0 redestinan. givenay and Impact feet Sound an bary veliène was collected one vear vehille. portion DECLARATION I/We declare the foregoing particulars are toug in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

















#### **Driving License**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

C. Chan JB: Motorrocks on 200 CC.
Chan J. Maint care on Jone Kg with no 7 percentagors, dictioning of the
driver, and matter trackpartechicles on 2 ton Kg.

EFFECTIVE DATE

SHEETSTR

57No 9000Y38500

5495217 \$8434757D 10-07-2015

APT BLK 2088 PUNGGOL PLACE #11-918 SINGAPORE 822208