SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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

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	ACCIDENT STATEMENT		
Date Of Report	05/02/2018 14:37		
Date Of Accident	01/02/2018 16:55		
Exact Location Of Accident	JUNC OF PUNGGOL RD & PUNGGOL FIELD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJJ4632D		
Insured/Policyholder			
Name Of Registered Owner	MR HANAFIAH BIN BUDIN		
NRIC No	S1397752F		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-98536410		
Alternative Phone No	OFFICE-98536410		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	MARCH 1.4 (A) ELEGANCE		
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	DMPCSN3028741700		
Cover Note Number	-		
Driver			
Name of Driver	MR HANAFIAH BIN BUDIN		
NRIC No	S1397752F		
Date Of Birth	28/09/1959		
Occupation	INDOOR		
Date Of Driving Pass	01/08/1998		
Driving Experience	19 YEARS AND 6 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-98536410		

OFFICE-98536410

NOEMAIL

BLK 228 SIMEI ST 4 #04-212 Address

Postcode 520228

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 **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? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE3389Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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DETAILS OF INJURED PERSON 1

MR HANAFIAH BIN BUDIN Name

Approximate Age

Injuries Sustain **BACK** Injured person in which vehicle? SJJ4632D

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

Accident Sketch Plan

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- The 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
- 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)
 - (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
- 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

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

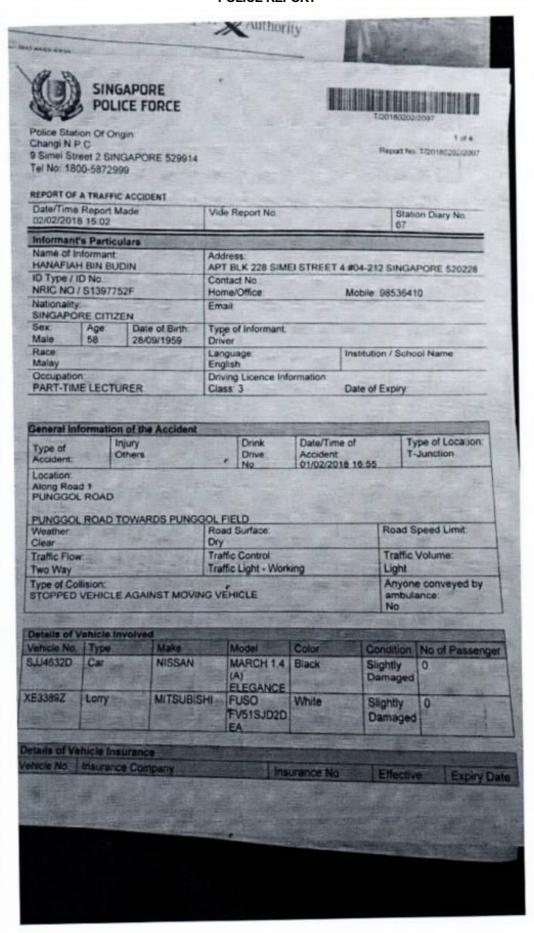
Reporting Centre Personnel's Signature Name

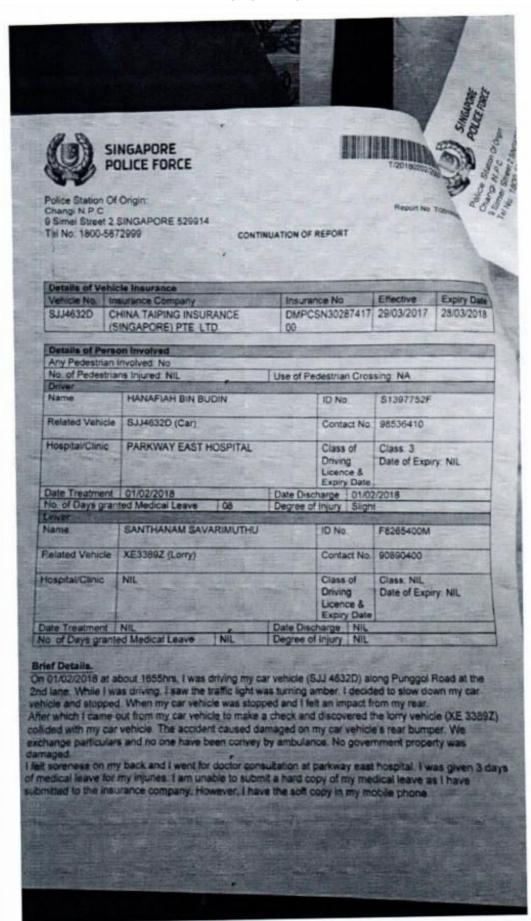
NRIC/FIN No.:

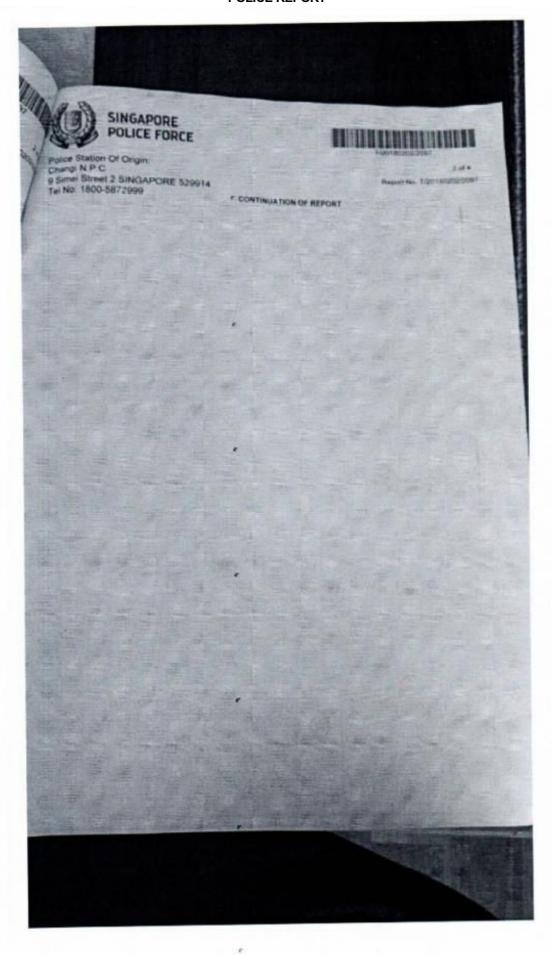
Date & Time:

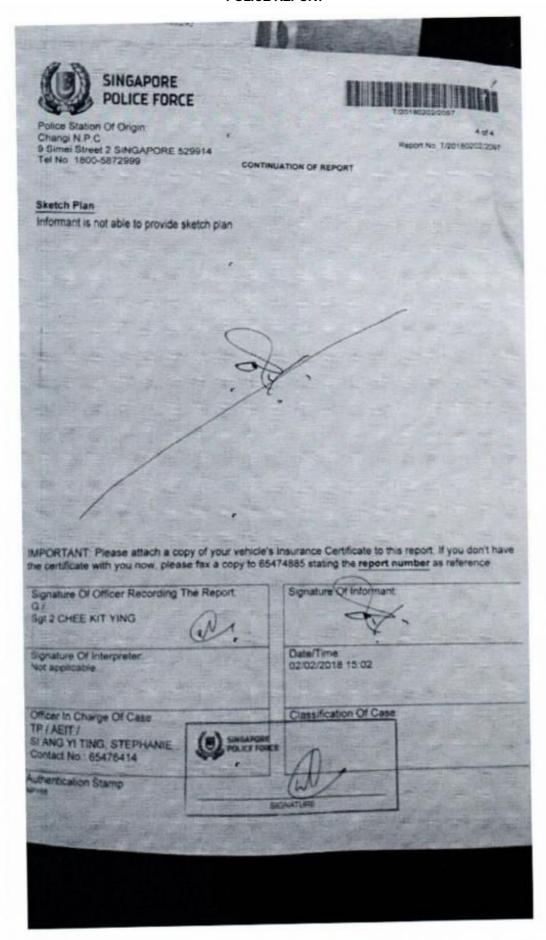
Accident Sketch Plan

KETCH PLAN			
		Panagot Sield	A= SIJ 4632 B= XE 3389 7
ESCRIBE CIRCUMSTANCE	S OF THE ACCIO	Finggel Roll	
Please	Refer	to Police Repo	rt
		*	
DECLARATION I/We declare the foregoing p	articulars are true	in every respect.	hunt
Policyholder's Signature Date & Time:	Driver'	er is not the policyholder) Nan	orting Centre Personnel's Signature ne: C/FIN No.:









DRIVING DOC







