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 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/03/2018 17:26
Date Of Accident	18/03/2018 03:30
Exact Location Of Accident	JOHOR IMMIGRATION CHECKPOINT TO SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE2290J
Insured/Policyholder	
Name Of Registered Owner	MOHAMED AZAN BIN MOHAMED REPIN
NRIC No	S7248700A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98399972
Alternative Phone No	OFFICE-98399972
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF
Exact Purpose for which vehicle was being used at time of accident	
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

Cover Note Number

Driver

MOHAMED AZAN BIN MOHAMED REPIN Name of Driver

NRIC No S7248700A Date Of Birth 27/12/1972 Occupation **INDOOR Date Of Driving Pass** 25/09/1995

Driving Experience 22 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98399972

Fax Number

OFFICE-98399972 Contact Number

EMail Address NOEMAIL Address BLK 333 UBI AVE 1 #02-763

Postcode 400333

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? NO

Was any injured conveyed to hospital by

ambulance?

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) 4

Passenger 1

NAME: : MOHAMED AMIRUL ARIFIN BIN MOHAMED AZAN

GENDER: : MALE

Passenger 2 NAME: : AINI BINTE SALIM

GENDER: : FEMALE

Passenger 3 NAME: : FATIN INSYIRAH BINTE MOHAMED AZAN

NO

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? NO

If Yes, against whom?

Circumstances of Accident

ON THE MENTONED DATE AND TIME ,TRAFFIC WAS CONGESTED , WHEN CARS INFRONT STOPPED I FOLLOW SUIT TO STOP ,SKE347T WAS UNABLE TO STOP INTIME HAD COLLIDED ONTO THE REAR PORTION OF MY CAR SKE2290J.

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 SKE347T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

3

Sketch Plan

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel a Signature

Name: JOUIS SEOW NRIC/FIN No.: 57525955G

Sketch Plan #2

Jule: 18/3/18	
Time: 3:30 am	A SKE 2290J. AB SKE 347T
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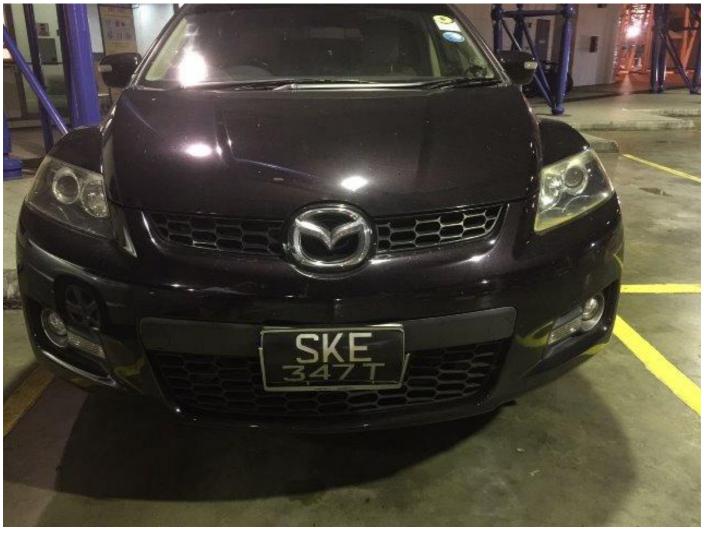


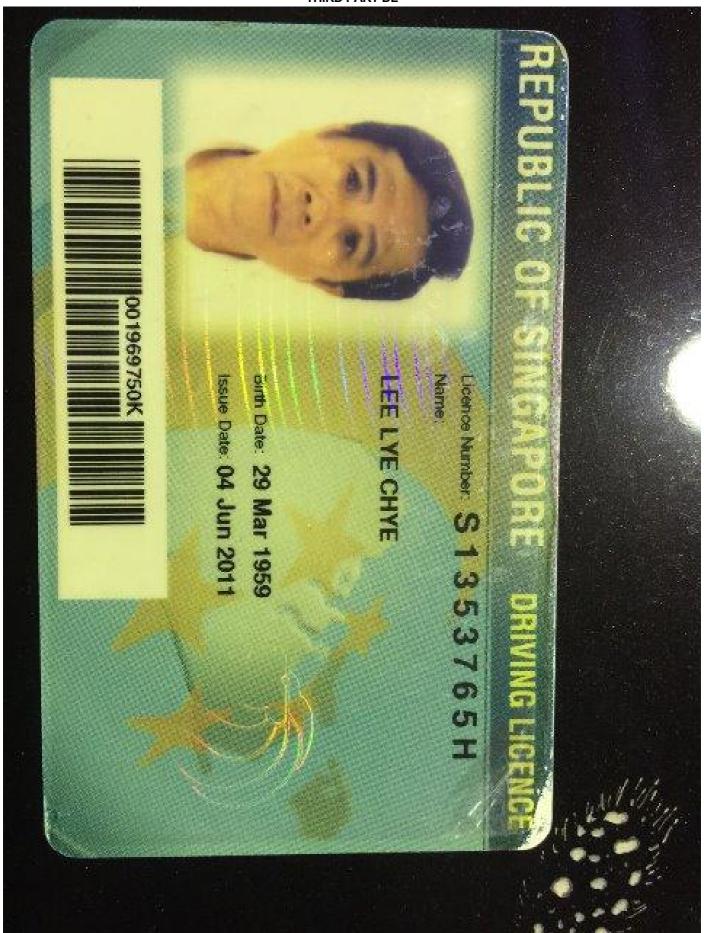


SCENE PHOTO



SCENE PHOTO





Driving License



Identification Card



CERTIFICATE OF INSURANCE

HINA TAIPING	CHONA TAIPING DISURANCE (SING) CO. Reg. No. 200208	SEASE TO LEG LAND	Michie	
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OR PRIVATE CAR	CERTIFICATE OF IN	SUDANON	AND 174	
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	DMPCSN3090151701	Engline to	581252367FC	
IFIGATE NO.	UNITEDROUGUE (PU)	Overlo SAJAC	05059/R44542	
des Mark and Registration	SKE2290J	AUTOSAINE		
surrour of Valuation		*******		
Name of Policy Hoose	MOHAWED AZAN BIN MOHAWED DE	PIN		
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tom of Expirit streamon		Sect 1 - Age sw 26 Age as at date of actions	\$1500 00	
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