

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 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	26/03/2018 13:46
Date Of Accident	25/03/2018 16:00
Exact Location Of Accident	JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2316C
Insured/Policyholder	
Name Of Registered Owner	MR ROZAINI BIN ADNAN
NRIC No	S1773019C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88583262
Alternative Phone No	OFFICE-88583262

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4AT
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	DMPCSN3046241700
Cover Note Number	

Driver

Name of Driver	ROZAINI BIN ADNAN
NRIC No	S1773019C
Date Of Birth	24/01/1966
Occupation	INDOOR
Date Of Driving Pass	13/07/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88583262
Fax Number	
Contact Number	OFFICE-88583262
Email Address	NOEMAIL

Address	BLK 62B STRATHMORE AVENUE #14-60
Postcode	143062
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20180326/2039.

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	EW9988K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83236991
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ROZAINI BIN ADNAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGV2316C
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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7. 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:
 - (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: /

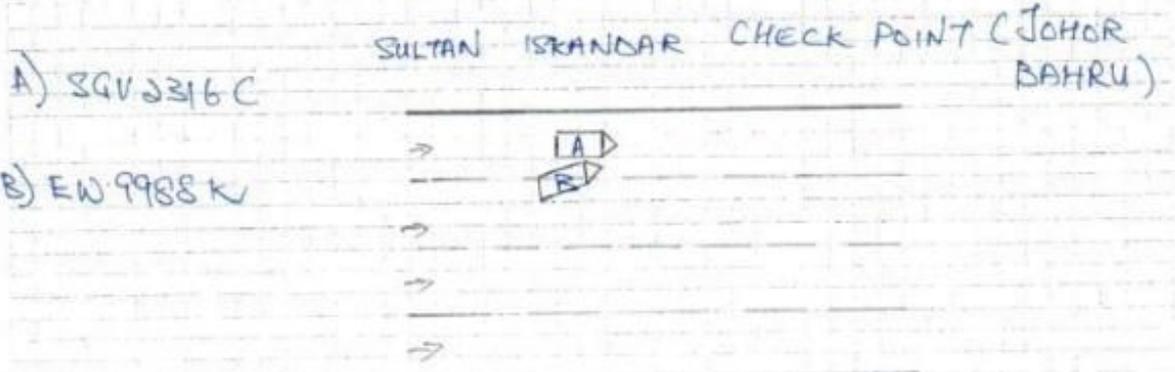
Driver's Signature
(if driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report E/20180326/2039

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.:

KLIA/PPK/2018/PPH/2018_03

Police report



**SINGAPORE
POLICE FORCE**



E/20180326/2039

1 of 2

POLICE REPORT (NP299)

Report No. E/20180326/2039

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Date/Time Report Made 26/03/2018 12:34		Vide Report No.		Station Diary No. 60	
Name Of Informant ROZAINI BIN ADNAN		Address APT BLK 62B STRATHMORE AVENUE #14-60 SINGAPORE 143062			
ID Type / ID No. NRIC NO / S1773019C		Contact No. Home/Office		Mobile 88583262	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SHIPPING SUPERVISOR		Sex Male	Age 52	Date of Birth 24/01/1966	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 25/03/2018 16:00		Location Of Incident Sultan Iskandar Checkpoint (Johor Bahru) MALAYSIA			

Brief details.

On 25/03/2018 at about 1600hrs, I was in my vehicle, SGV2316C - White Subaru Impreza, at Sultan Iskandar Chekpoint (Johor Bahru) on lane 2 out of 4 lanes queuing for the immigration. My vehicle was moving slowly as it was very congested. As I was inching forward very slowly, a vehicle from my right, EW9988K (HP:83236991), was changing lane into my lane and hit onto the right side of my vehicle, between the driver and rear passenger door. As a result, the right side of my vehicle was dented with scratches. No one was injured at that point of time. I did not managed to get the other driver's particulars.

Signature Of Officer Recording The Report: E / Sgt 2 NUR SABRINA TAN BINTE ABDUL RAHIM TAN		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 26/03/2018 12:34	
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Staff Sgt DE COSTA ELAINE ELICIA Contact No.: 63910000		Classification Of Case:	

Authentication Stamp



Police report



**SINGAPORE
POLICE FORCE**



E/20180326/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180326/2039

Subsequently, I went to see the doctor on 26/03/2018 and was given 3 days of medical leave. I am lodging this report for insurance claim purposes.

My new address: 62A Strathmore Avenue #04-42, S(142062).

Signature Of Officer Recording The Report: E / Sgt 2 NUR SABRINA TAN BINTE ABDUL RAHIM TAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2018 12:34
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Staff Sgt DE COSTA ELAINE ELICIA Contact No.: 63910000	Classification Of Case:
Authentication Stamp	
  	
 SINGAPORE POLICE FORCE	
SN 051	
SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

