

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	26/05/2018 10:16
Date Of Accident	25/05/2018 20:20
Exact Location Of Accident	AFTER EXIT TERMINAL 2 AIRPORT BLVD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2297X
Insured/Policyholder	
Name Of Registered Owner	KHAIRUL NIZHARZHARUDIN BIN MOHAMED YUSOFF
NRIC No	S7808241J
Email Address	KHAIRULNIZHAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97406305
Alternative Phone No	OFFICE-97406305

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	DMPCSN3017121807
Cover Note Number	-

Driver

Name of Driver	KHAIRUL NIZHARZHARUDIN BIN MOHAMED YUSOFF
NRIC No	S7808241J
Date Of Birth	23/03/1978
Occupation	INDOOR
Date Of Driving Pass	03/01/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97406305
Fax Number	
Contact Number	OFFICE-97406305
E-Mail Address	KHAIRULNIZHAR@GMAIL.COM

Address	BLK 160A PUNGGOL CENTRAL #03-103
Postcode	821160
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	CHAIN COLLISION
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 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)	5
Passenger 1	NAME: : FATIMAH BINTE ALI BARDA KHAN GENDER: : FEMALE
Passenger 2	NAME: : NUR KHADIJAH BTE KHAIRUL NIZHARZHARUDIN GENDER: : FEMALE
Passenger 3	NAME: : NUR A'ISYAH HUMAIRA BTE KHAIRUL NIZHARZHARUDIN GENDER: : FEMALE
Passenger 4	NAME: : NUR SOFIYYAH BTE KHAIRUL NIZHARZHARUDIN 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	SHA1647C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	NG KEE KEONG
NRIC/Passport Number	S1256902E
Contact Number	96561169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW8339U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POON MUI LAM ROY
NRIC/Passport Number	S0055320D
Contact Number	90941904
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NUR KHADIJAH BTE KHAIRUL NIZHARZHARUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK2297X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR A'ISYAH HUMAIRA BTE KHAIRUL NIZHARZHARUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK2297X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

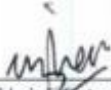
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8. Consent under the Personal Data Protection Act (PDPA)

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

A = SJK 2297 X
B = SHA 1647 C
C = SKW 8339 U

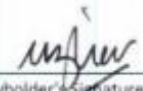
After Exit Terminal 2, Airport Blvd turns City.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

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.:

Accident Sketch Plan

AFTER EXITING FROM THE TERMINAL 2, I WAS TRAVELLING ALONG AIRPORT BLVD TWDS CITY ON THE THIRD LANE, WHEN NOTICED VEH INFRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP MY VEH, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SHA1647C) FROM BEHIND HIT ONTO MY VEH REAR PORTION. I WAS INVOLVED IN A 3 CAR CHAIN COLLISON ACCIDENT.

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7808241J**
Name: **KHAIRUL NIZARZHARUDIN BIN MOHAMED YUSOFF**
Birth Date: **23 Mar 1978**
Issue Date: **27 Sep 2003**

000868266C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7808241J**



Name: **KHAIRUL NIZARZHARUDIN BIN MOHAMED YUSOFF**
خير النظار قهر الدين بن محمد يوسف
Race: **INDIAN**
Date of birth: **23-03-1978** Sex: **M**
Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	10 Aug 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Jan 1996

Licence No. **S7808241J**

NP 426A

4270407



NRIC No. **S7808241J**



Date of issue: **28-08-2008**

Address:
**APT BLK 160A PUNGGOL CENTRAL
#03-103
SINGAPORE 621160**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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