

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
Email 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	

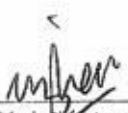
SKETCH PLAN

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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.:

7-2-58 835-1

From Exit Terminal 2, Airport Blvd
towards City

Please refer to statement

I/We declare the foregoing particulars are true in every respect.

ms. 100

Publicly Stigmatized

Handwritten signature

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.