

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	04/07/2018 17:35
Date Of Accident	03/07/2018 19:45
Exact Location Of Accident	INSIDE THE ROAD OF SINGAPORE INDOOR STADIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	E1080K
Insured/Policyholder	
Name Of Registered Owner	AZRUL BIN ABDUL AZIZ
NRIC No	S7402908F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98457449
Alternative Phone No	OFFICE-98457449

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO 10 GSR 2.0 M
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?	YES
If No, Please state action to be taken	
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	DMPCSN1641821802
Cover Note Number	-

Driver

Name of Driver	AZRUL BIN ABDUL AZIZ
NRIC No	S7402908F
Date Of Birth	03/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98457449
Fax Number	
Contact Number	OFFICE-98457449
Email Address	NOEMAIL

Address	BLK 886B WOODLANDS DR 50 #16-515
Postcode	732886
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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.	NO
Number of Passengers (Including Driver)	1

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

I WAS EXITING FROM THE CARPARK L INSIDE THE SINGAPORE INDOOR STADIUM, I STOP AT THE STOP LINE TO CHECK ON THE MAIN ROAD TRAFFIC. WHEN NOTICED THE TRAFFIC WAS CLEAR ON THE MAIN ROAD, I STARTED TO CROSS THE JUNCTION. SUDDENLY VEH B (BEARING NO SLS2875L) COMING FROM THE STADIUM WALK WITHOUT GIVE WAY TO MY VEH AND HIT ONTO MY VEH LEFT BACK DOOR. I WISH TO STATE, MY VEH ALMOST FULLY CROSS THE JUNCTION ALREADY, VEH B SHOULD SEE ME AND SHOULD HAVE SUFFICIENT TIME TO STOP AND GIVE WAY TO ME.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2875L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUFI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

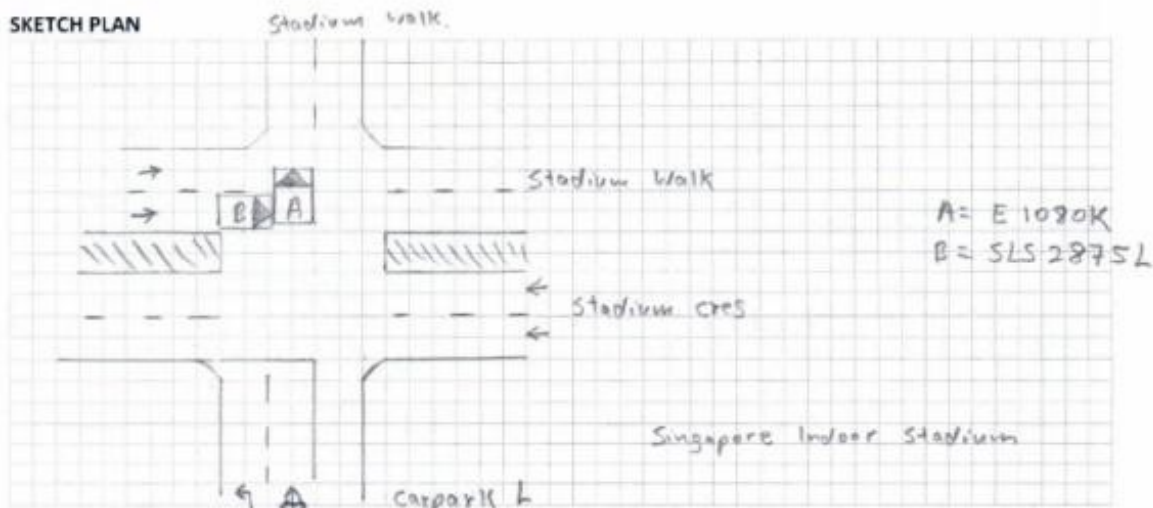

Policyholder's Signature
Date & Time:

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



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.:

DRIVING DOC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7402908F**



Name
AZRUL BIN ABDUL AZIZ
ازروك بن ابدول ازيز

Race
INDIAN

Date of birth
03-02-1974

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number **S7402908F**

Name
AZRUL BIN ABDUL AZIZ

Birth Date **03 Feb 1974**

Issue Date **12 Mar 2012**

0020497020

5775800



ABIC No. **S7402908F**



Date of issue
03-07-2017

Address
**APT BLK 886B WOODLANDS DRIVE 50
#16-515
SINGAPORE 732886**

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

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg 09 Jun 2006

NP 428A

License No. **S7402908F**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118086364 Vehicle Registration No: E1080K
Name (as shown in NRIC) : AZRUL BIN ABDUL AZIZ NRIC/FIN/Passport No : 57402908F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 886B WOODLANDS DR 50 #16-515 Singapore (732886)
Contact (Tel) : _____ Mobile No. : 98457449
Email Address : _____
Date of Accident : 03/07/18 Time of Accident : 19:45
Place of Accident : INSIDE THE ROAD OF SINGAPORE MOOTOR STADIUM
Insurance Company : CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT TO OO CLAIMS

[Signature]
Policyholder / Driver's Signature
Date: 12 July 2018

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