

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	09/07/2018 15:22
Date Of Accident	08/07/2018 20:30
Exact Location Of Accident	BLK 203 PETIR RD OPEN CARPARK LOT 602
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6831L
Insured/Policyholder	
Name Of Registered Owner	MR ADENAN BIN ITHNAIN
NRIC No	S1370927J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94516444
Alternative Phone No	OTHERS-94516444

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	DMPCSN3009881702
Cover Note Number	

Driver

Name of Driver	MR ADENAN BIN ITHNAIN
NRIC No	S1370927J
Date Of Birth	28/06/1959
Occupation	INDOOR
Date Of Driving Pass	11/04/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94516444
Fax Number	
Contact Number	OTHERS-94516444
Email Address	NOEMAIL

Address	BLK 203 PETIR ROAD #07-667
Postcode	670203
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	COLLIDED INTO PARKED VEHICLE
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?	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)	0

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

PLS REFER TO THE 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	SLA9383M
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)	

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

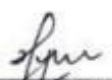
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

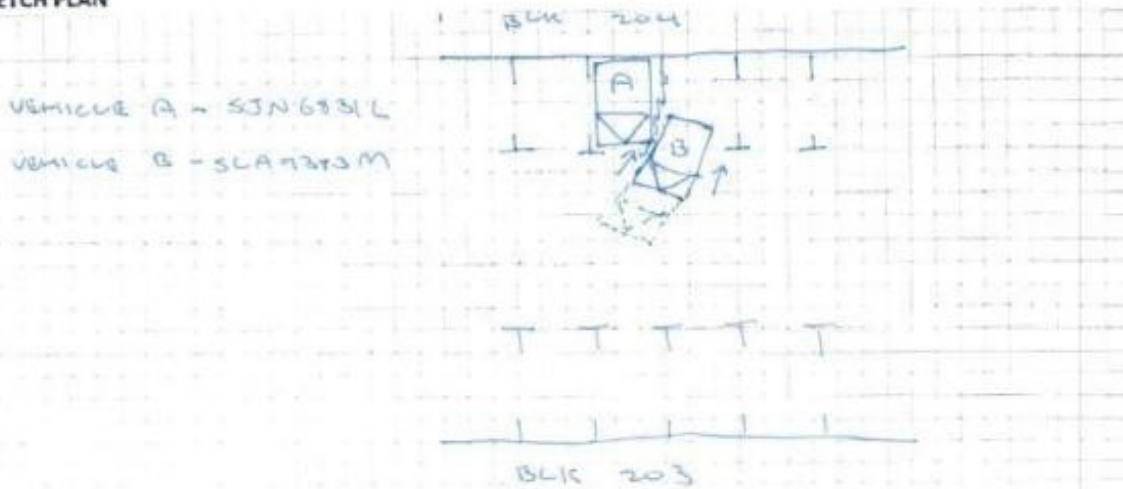

Policyholder's Signature
Date & Time:


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

 09/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARILY PARKED AT THE OPEN CARPARK IN-BETWEEN OF BLOCK 204 AND 203 OF PETIA ROAD. MY CAR WAS IN LOT NUMBER 602.

AT ABOUT 2030 HRS, WHILE I WAS AT THE KITCHEN AT MY HOME, SUDDENLY I HEARD A LOUD BANG SOUND.

SO I WALK TO THE KITCHEN WINDOW AND LOOK AT THE CARPARK AND SAW A COUPLE WAS STANDING INFRONT OF MY VEHICLE, WHILE MONITORING THEN I SAW ONE OF THE PERSON PUT A NOTE TO MY FRONT WINDSCREEN, SO I PROCEED DOWN TO THE CARPARK, WHILE COMING OUT FROM THE LIFT I MET THE COUPLE AND THEY REALIZED IT WAS MY VEHICLE THAT THEY HITTED ON. WE PROCEED BACK TO THE VEHICLE TO EXCHANGE PARTICULAR AND TOOK PICTURES OF THE ACCIDENT SCENE.

AS THE DAMAGE WAS QUITE BAD, WE BOTH DECIDED TO CLAIM UNDER INSURANCE, WITH HIS ADMITTANCE OF HIS FAULT OF HITTING ONTO MY VEHICLE WHILE REVERSING INTO THE LOT NUMBER 603

VEHICLE A - SJN 6831 L

VEHICLE B - SLA 9373 M

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 Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1370927J



NAME
ADNAN BIN ITHNAIN

OFFICIAL USE ONLY

SEX

MALAY

DATE OF BIRTH

10-05-1958

SEX

M

COUNTRY OF ORIGIN

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1370927J

Name:

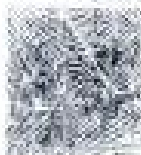
ADNAN BIN ITHNAIN

Valid from: 28 Jun 1998

Valid until: 13 Apr 2005



NO. S1370927J



Valid until
10-04-2005

Address
APT. 518-233, PETER ROAD
#07-467
SINGAPORE 570203

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Valid until:

Class 1	Motorcycles < 500 cc	30 Jun 1998
Class 2	Motor cars < 1000 kg with not more than 2 passengers, excluding the driver, and motor tractors, tractors < 2500 kg	11 Apr 1998
Class 4	Heavy motor cars and motor tractors > 2500 kg	28 Mar 1997
Class 5	Motor vehicles > 2500 kg not constructed to carry any load	28 Jul 1997



License No. S1370927J

SP 100A