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 witholding 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	19/07/2018 10:35
Date Of Accident	18/07/2018 14:00
Exact Location Of Accident	SULTAN GATE PARKING LOT NO :10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR9777U
Insured/Policyholder	
Name Of Registered Owner	SUZANNA BINTE ABU TALIB
NRIC No	S7422488A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93584063
Alternative Phone No	OTHERS-83818676
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	DMPCSN3011491802
Cover Note Number	
Driver	

u	ш	vei

Name of Driver ABDUL HAZIM BIN OMAR

NRIC No S7438677F Date Of Birth 23/11/1974 Occupation **INDOOR Date Of Driving Pass** 18/09/1998

Driving Experience 19 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83818676

Fax Number

Contact Number OTHERS-93584063

EMail Address NOEMAIL Address BLK 812 CHOA CHU KANG AVENUE 7

#05-673

Postcode 681812

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

insurance company of briver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

YES

NO

Weather Conditions CLEAR
Road Surface DRY

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? NO
Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

PLEASE REFER TO SKETCH PLAN

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 PA8298K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SUN LIYU
NRIC/Passport Number G5182402X

Contact Number

Address Postcode

Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - 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:
 - 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:

Name: Personnel's Signatu

NRIC/FIN No.:/

Accident Sketch Plan

SKETCH PLAN		
	Sulfan	B SOR 9777U
3	Sale	B PA 8298K
A	Reversed	
Parked A 18/		
DESCRIBE CIRCUMSTANCES O		
Ont	8.01.2018 at about 14	cohn I parked my while
alone Saltan Gate	at parking Lot No:	0. I mas eating nearby.
All of a moder	I regra a loud ba	no. Then I saw a bus
PA 9298K had h	eversed and hit are	my strillowam relide. My
vehicle was badly	dancard	
VICTICAL WAS PAULED	aumageu.	
DECLARATION	And Control of the Co	
I/We declare the foregoing particu	alars are true in everyrespect.	Jes 19/07/2018
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

	LETTER
18/07/18	93523455
1900 mg	
I lun liqu	wpl074579892
Said Bus drive	of preverse and
hit car SIR	97774 @ stiltan gase.
parking lot n	10 10
Bus driver	P A Januar
SUNLITI	Cir.
sultan gate.	
[1	In 19/08/2018 Roll worther

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7438677F





ABDUL HAZIM BIN OMAR

BINGAPORE

57498677F

REPUBLIC OF SINTUATION S 7 4 3 8 6 7 7 F

Comparation S 7 4 3 8 6 7 7 F

ABDUL HAZIM BIN OMAR

Dire Unit 23 Nov 1974

hazer Date 05 Jan 2012

4787468



57438677F

000-ellissis 18-08-2011

APT BLK 812A CHOA CHU KANG AVENUE 7 #05-873 SINGAPORE 681812

SINGAFORE 681812 NRIC No: S7438677F

Date: 22/08/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 460 cc
Class 3A Motor Case < 2000kg with =</r>
Class 3 Motor Case < 2000kg with =</r>
The class = 2000kg with =</r>

NP 428A

Licence No: 574388777

















