

## 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	21/08/2018 15:05
Date Of Accident	20/08/2018 17:55
Exact Location Of Accident	BUKIT BATOK ROAD BEFORE BRICKLAND ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7697M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S U-TEAK GALLERY LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90038790
Alternative Phone No	OFFICE-90038790

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3014211800
Cover Note Number	

### Driver

Name of Driver	MUSALIM SUSANTO
Passport No/FIN	G0757452K
Date Of Birth	23/10/1961
Occupation	INDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97588819
Fax Number	
Contact Number	OTHERS-97588819
Email Address	NOEMAIL

Address BLK 817A KEAT HONG LINK  
#21-85  
Postcode 681817  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured PARENT  
Vehicle Registration Number of Driver's Own Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name CHOA CHU KANG NPC  
Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180820/2186

#### Attachment(s)

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

#### Details of Witness 1

Name FADZLIM  
Phone Number 96647094  
Email Address -

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FV851Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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/ran 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:

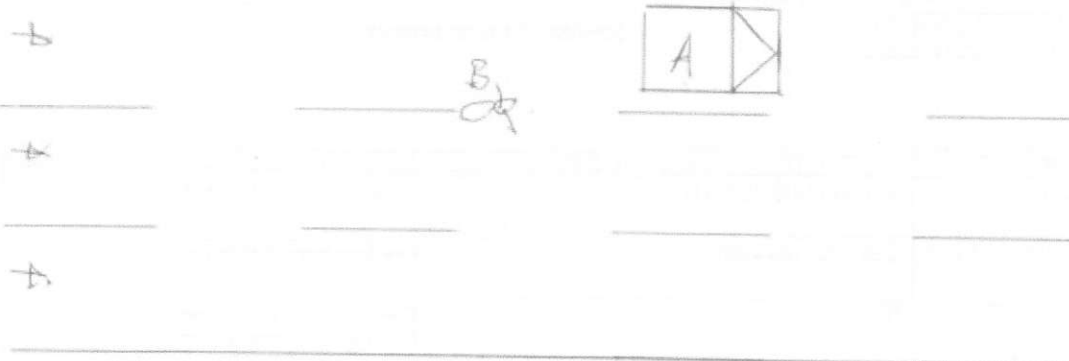
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Sketch Plan #2

Bukit Batok Rd before Brickland Rd

SKETCH PLAN



A) GBR 7697M

B) FV851Z

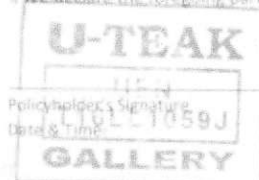
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT - T/20180820/2186

The witness that I mentioned, actually saw what has happen and told me the FV851Z actually avoided a lorry and come over to my lane and bump into the rear of my vehicle

DECLARATION

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



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

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

21/8/2018

## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180820/2186

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180820/2186

## CONTINUATION OF REPORT

Driver			
Name	MUSALIM SUSANTO	ID No.	G0757452K
Related Vehicle	GBF7697M (Van)	Contact No.	97588819
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date time and location, while travelling along Bukit Batok Road, I was driving my daughter's vehicle GBF7697M. I was driving on the most left lane. Suddenly, I heard something collided to my vehicle from the rear. I then came to a stop and make a check. I then discovered a motorcycle FV851Z at my rear vehicle. There was a witness then came to me and informed that he would call for ambulance. I was in a rush to fetch my granddaughter. I then took down the witness number and left the scene. I wish to state that, after fetching my granddaughter about 15 minutes later I went back to the scene to make a check. There was a ambulance and left scene. I then followed the ambulance. But lost sight. I wish to state that no police attended to me. No government property damaged, no foreign vehicle involved.