

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	24/09/2018 12:26
Date Of Accident	24/09/2018 08:00
Exact Location Of Accident	TPE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS5956R
Insured/Policyholder	
Name Of Registered Owner	IMRAN BIN IBRAHIM
NRIC No	S7704870G
Email Address	IMRAN@PACC.COM.SG
Mobile Phone No	(LOCAL) +65-96650545
Alternative Phone No	OFFICE-96650545

Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5L I-VTEC AUTO
Exact Purpose for which vehicle was being used at time of accident	PVT 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	DMPCSN3033191802
Cover Note Number	25/8/18-24/8/19

Driver

Name of Driver	IMRAN BIN IBRAHIM
NRIC No	S7704870G
Date Of Birth	11/02/1977
Occupation	INDOOR
Date Of Driving Pass	19/11/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96650545
Fax Number	
Contact Number	OFFICE-96650545
Email Address	IMRAN@PACC.COM.SG

Address	BLK 345 WOODLANDS ST 32 #06-198
Postcode	730345
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 - 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?	
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)	2
Passenger 1	NAME: : DRIVER'S SPOUSE
	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

WHILE TRAVELLING AT SLOW TRAFFIC AT TPE TOWARDS CHANGI AIRPORT BEFORE EXIT 3C. VEHICLE NUMBER SHA9181B HIT ONTO MY VEHICLE SJS5956R REAR PORTION. THERE WAS NO INJURIES ON BOTH PARTIES.

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	SHA9181B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	98511012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

TOWARD AIRPORT

Before exit 3C

SIS 5956R

SHA 9181B

LANE

3 2

A hand-drawn sketch plan on grid paper showing a hallway layout. At the top, it says "TOWARD AIRPORT". Below this, a vertical path is shown with three rectangular rooms. The top room is labeled "Before exit 3C". An arrow points up from the middle room to the top room. Another arrow points up from the bottom room to the middle room. To the right of the middle room is a label "SIS 5956R" with an arrow pointing to it. To the right of the bottom room is a label "SHA 9181B" with an arrow pointing to it. Below the bottom room is a label "LANE". To the left of the vertical path are two more arrows pointing up, and below them are the numbers "3" and "2".

at slow traffic
while travelling at TPE towards cheng airport before
exit 3C. Vehicle number SRA 9181B hit onto my
vehicle SJS 5956R rear portion.

There were no injuries or lacerations.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy for more information.

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

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GIARMC SketchPlanForm_V3

() Claim Own Policy (☒) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

NRIC/FIN No..

SKETCH PLAN


VEHICLE NO.: SIS 5956 R
INSURER : CHINA TAIPING
DATE & TIME: 24/9/18 800 AM

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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.


24 Sept 2018

Policyholder's Signature
Date & Time:

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


24/9/18
Reporting Centre/Personnel's Signature
Name: Alinda
NRIC/FIN No.: WL