

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 liability.
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	03/10/2018 14:51
Date Of Accident	30/09/2018 21:50
Exact Location Of Accident	ALONG WOODLANDS TOWARDS JB CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG9416H
Insured/Policyholder	
Name Of Registered Owner	SHAH MOQBUL HUDA JEWEL
NRIC No	S7263160I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91169134
Alternative Phone No	OTHERS-91169134

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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?	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	DMPCSN3107721701
Cover Note Number	

Driver

Name of Driver	SHAH MOQBUL HUDA JEWEL
NRIC No	S7263160I
Date Of Birth	27/03/1972
Occupation	INDOOR
Date Of Driving Pass	15/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91169134
Fax Number	
Contact Number	OTHERS-91169134
Email Address	NOEMAIL

Address	BLK 354 KANG CHING ROAD #05-31
Postcode	610354
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?	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)	6
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE
Passenger 5	NAME: : PASSENGER 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

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	SLC3180K
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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)	1

Sketch Plan

SKETCH PLAN

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7. 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:
 - (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:

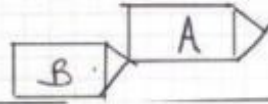


03/10/2018
Receiving Centre Person's Signature
Name:
NR-CLT-101

Sketch Plan #2

SKETCH PLAN

Towards JB Custom



Vehicle A SKG 94164

Vehicle B STC 3180K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle towards JB custom. Suddenly, I felt a collision impact from the rear as vehicle B tried to close up the gap between cars. I alighted to see my vehicle's damages while vehicle B's driver refused to come down. I proceed through the immigration. I stopped aside to wait for vehicle B. The driver parked one side and tried to clean off the paint transfer and scratches on his front bumper. He refused to exchange particulars and told me to go ahead with the accident report.

DECLARATION

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

Policyholder Signature
Date & Time:


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

Reporting Centre Person's Signature
Name:
NRIC/TIN No.:

03/10/2018

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S72631601




Name
SHAH MOQBUL HUDA JEWEL

Race
BANGLADESHI

Date of birth
27-03-1972

Country/Place of birth
BANGLADESH

Sex
M



S72631601

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S72631601

Name
SHAH MOQBUL HUDA JEWEL

Birth Date: 27 Mar 1972

Issue Date: 05 Mar 2011



0019434560

5436885



NRIC No. S72631601



Date of issue
25-02-2015

Address
APT. BLK 354 KANG CHING ROAD
#05-31
SINGAPORE 610354

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Oct 2005
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	15 Oct 2005

NP 429A

Licence No. S72631601



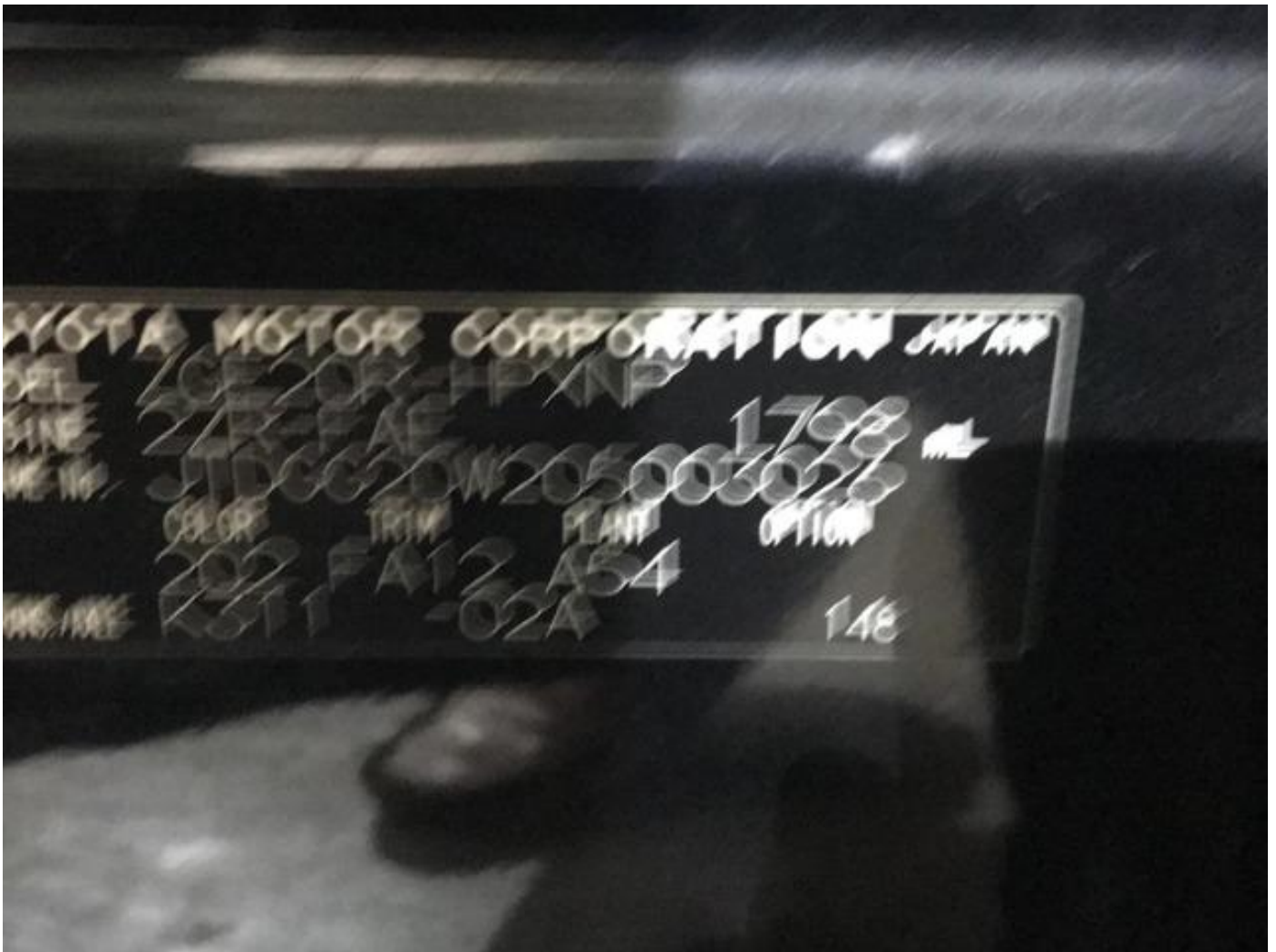
Accident Photo



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 : MA418/28344 Vehicle Registration No: SEK 9416H
Name (as shown in NRIC) : SATIAH MUGBAIL HUDA JAWAL NRIC/FIN/Passport No : ST2631601
(*Vehicle Driver / Vehicle Owner *) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 91169134
Email Address : _____
Date of Accident : 30/09/2018 Time of Accident : 21:50
Place of Accident : FRONT WOODEN ROAD TOWARDS JB CUSTOM
Insurance Company : Cyprus Marine

(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:

POLICY NUMBER 70 DMPCSN3107721701

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: Kohli h m m m
NRIC/FIN No.:
Date: 26/10/2018