

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	26/11/2018 10:59
Date Of Accident	26/11/2018 09:10
Exact Location Of Accident	PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5337R
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Insured/Policyholder

Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64874646

Vehicle Particulars

Manufacturer	VOLVO
Model	FMX370 64R SLEEPER CAB
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1804761800
Cover Note Number	

Driver

Name of Driver	AZHARI BIN SALLEH
NRIC No	S6944659J
Date Of Birth	04/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91999510
Fax Number	
Contact Number	OFFICE-91999510
E-Mail Address	NOEMAIL

Address	BLK 514 WOODLANDS DRIVE 14 #01-111
Postcode	730514
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SJM2249A
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

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7. By the lodging 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. Subject to the Personal Data Protection Act (PDPA)

I, undersigned, do hereby, agree and consent that:

- (a) My Insurer, my work place and the General Insurance Association of Singapore ("GIAS") 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 Insurers who have insured vehicles involved in this accident (all but mark) who have insured vehicles involved in the accident that be collectively referred to as the "Insurers", the Insurers' lawyer/law firm, the Ministry of Transport of Singapore and any relevant government agency/publicity (such as the police) for the purposes of:
 - (i) investigating, handling and/or dealing with my claim including the settlement of the claim and my relevant responsibilities relating to the claim;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out tasks relating with my instructions or responding to my enquiries by me;
 - (iv) facilitating my claim including the mailing of correspondence, statements, invoices, reports or notices to me, and my work place disclosure of certain personal data about me to being about delivery of the claim as well as in the relevant cover of envelope/well post letter; and/or
 - (v) carrying out with/for this law firm including, proceeding, handling and/or dealing with my claim in relation to the Purpose(s);
- (b) All Insurers who have insured vehicles involved in this accident and the Insurers' lawyer/law firm, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s);
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents including their lawyer/law firm, which may be based outside of Singapore, for one or more of the above Purpose(s);
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) 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.

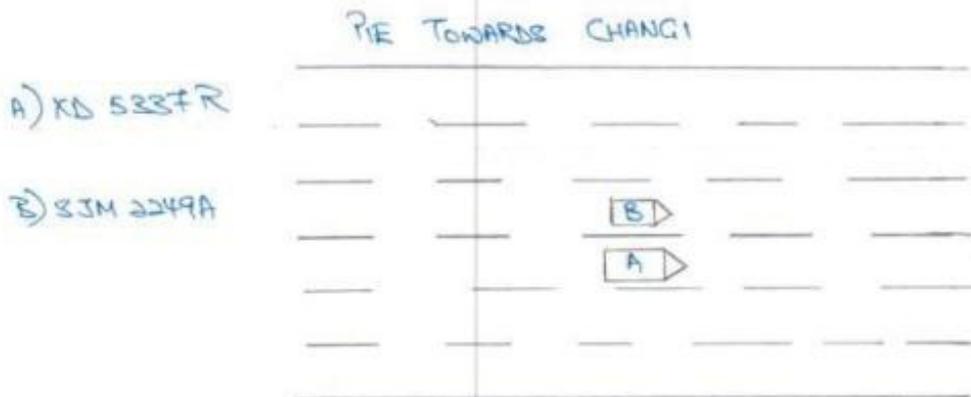
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/11/2018 at about 09:10 am, I was driving along PIE towards Changi. Suddenly I felt an impact on my left, vehicle B had encroached with my track.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

