

## 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	01/12/2018 09:02
Date Of Accident	29/11/2018 14:10
Exact Location Of Accident	WOODLANDS CAUSEWAY TWDS JB CUSTOM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU1008M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AW CHI TONG DEREK
NRIC No	S8118687A
Email Address	AW_DEREK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97853428
Alternative Phone No	OTHERS-97853428

### Vehicle Particulars

Manufacturer	NISSAN
Model	ELGRAND
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	DMPCSN3041261800
Cover Note Number	

### Driver

Name of Driver	AW CHI TONG DEREK
NRIC No	S8118687A
Date Of Birth	20/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97853428
Fax Number	
Contact Number	OTHERS-97853428
Email Address	AW_DEREK@HOTMAIL.COM

Address	BLK 130B LOR 1 TOA PAYOH #32-516
Postcode	312130
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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)	8
Passenger 1	NAME: : MDM TAN GENDER: : FEMALE
Passenger 2	NAME: : ASHER AW GENDER: : MALE
Passenger 3	NAME: : ANDER AW GENDER: : MALE
Passenger 4	NAME: : LOVEN ZO GENDER: : MALE
Passenger 5	NAME: : NELLY GENDER: : FEMALE
Passenger 6	NAME: : YUN YUN GENDER: : FEMALE
Passenger 7	NAME: : SEOK YUN 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6827K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SOFFIAN BIN AMIN
NRIC/Passport Number	S8536634C
Contact Number	88200562
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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time 30/11/18  
5.15pm

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date  
& Time 30/11/18  
5.15pm

Witnessed by Reporting Centre  
Personnel

A - SPW1008M

B - SLQ6827K

Headlands Causeway to JB




## Individual Statement


### Describe Circumstances of the Accident


On 29/11/2018 at about 2.10pm.  
I was driving my vehicle SB1100FIR along  
Woodlands Causeway toward JB. ~~to~~  
At that time was heavily raining. When  
I'm driving along centre lane before reaching  
the Lorry (split lane).  
Suddenly vehicle (B) SQ6827K drive  
from my left into my lane and hit  
my front left directly.  
I alighted and check the scene.  
we exchanged particulars. That's all.

### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 30/11/2018  
5.15pm

  
Driver's Signature (if driver is not the policyholder) / Date  
& Time 30/11/2018  
5.15pm

  
Witnessed by Reporting Centre  
Personnel 01/12/18



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo









# Identification Card



HP: 97853428

