

## 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	07/02/2019 10:55
Date Of Accident	03/02/2019 18:10
Exact Location Of Accident	ALONG JALAN EUNOS TWDS KAKI BUKIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2258T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR SYED JAMAL BIN MOHAMMAD
NRIC No	S1332039Z
Email Address	JAMALSHAHAB@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90015245
Alternative Phone No	OTHERS-90015245

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3012061800
Cover Note Number	

### Driver

Name of Driver	MR SYED JAMAL BIN MOHAMMAD
NRIC No	S1332039Z
Date Of Birth	28/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	03/06/1992
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90015245
Fax Number	
Contact Number	OTHERS-90015245
E-Mail Address	JAMALSHAHAB@YAHOO.COM.SG

Address	BLK 425 BEDOK NORTH RD #03-543
Postcode	460425
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 (including own vehicle) involved in the accident	2
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)	5
Passenger 1	NAME: : SHARIFAH MAHANI GENDER: : FEMALE
Passenger 2	NAME: : SHARIFAH AISHAH GENDER: : FEMALE
Passenger 3	NAME: : SYED HASAN GENDER: : MALE
Passenger 4	NAME: : SYED HUSIN GENDER: : MALE

### 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

MY VEH WAS STATIONARY ALONG JALAN EUNOS TWDS KAKI BUKIT ON THE 2ND LANE OF A3-LANES RD DUE TO THE RED TRAFFIC LIGHT AHEAD. SUDDENLY VEH(B) BEARING REG NO SLE7474B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE7474B
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEAN SEAH

NRIC/Passport Number

S7918167F

Contact Number

87680332

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# ACCIDENT SKETCH

## SKETCH PLAN

### 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. The 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 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.

 7/02/19  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 07/02/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **51332039Z**

Name: **EYED JAMAL BIN MOHAMMAD**

Date of Birth: **00 Jul 1968**

Issue Date: **00 Mar 2011**

001M935A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **51332039Z**

Name: **EYED JAMAL BIN MOHAMMAD**

Religion: **ISLAM**

Date of Birth: **00-07-1968** Sex: **M**

Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 25: Motor cycles < 250 cc. 30 May 2011

Class 3: Motor Cars, 2000kg (wt) < 17 passengers, wt of car on the driver, and other motor vehicles < 3500kg. 00 Jun 2011

444-198-7077

License No. 51332039Z



4723484



Ident No. **51332039Z**

Date of Issue: **00-00-2011**

Address: **APT 514 425 BRIDGE NORTH ROAD  
#03-043  
SINGAPORE 430425**

