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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/02/2019 16:46
Date Of Accident	05/02/2019 17:25
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD3396L
Insured/Policyholder	
Name Of Registered Owner	NOR RAHIM BIN ABDUL RAHMAN
NRIC No	S8221428C
Email Address	NOR_RAHIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91540471
Alternative Phone No	OTHERS-91540471
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC TYPE R
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	DMPCSN3063071801
Cover Note Number	
Driver	
Name of Driver	NOR RAHIM BIN ABDUL RAHMAN
NIDIO Na	000044000

NRIC No S8221428C
Date Of Birth 24/07/1982
Occupation INDOOR
Date Of Driving Pass 22/01/2003

Driving Experience 16 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91540471

Fax Number

Contact Number OTHERS-91540471

EMail Address NOR_RAHIM@HOTMAIL.COM

Address BLK 457 YISHUN STREET 41

#06-79 760457

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Postcode

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?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

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 SHA8204B
Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM POH CHUAN

NRIC/Passport Number S1447642C Contact Number 81836724

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - 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: 12 FEB 2019

12:00 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso

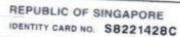
Name:

NRIC/EIN No

GIARME SAITESPAINFORM, V.F.

Accident Sketch Plan

Direction of tra	A.	CTE towards City.
Direction of 119	iline	CIE PO CIO
SHA 8204	1B ->	8 KD 33 96 L
ESCRIBE CIRCUMSTANCES OF TH	E ACCIDENT	
on The 5th February	2019 I was	travelling on the 1st lane or
T was obtained	when suddenly	I was hit from the rea-
by SHAR2048	a ucllow bx	i.
by SHA 82048, We exchanged po	articulars and	I drove off.
,		
DECLARATION /We declare the foregoing particulars a	are true in every respect.	







NOR RAHIM BIN ABDUL RAHMAN



MALAY Date of birth 24-07-1982 Country/Page of birth SINGAPORE







APT BLK 457 YISHUN STREET 41 #08-79 SINGAPORE 760457



























