

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	13/02/2019 17:10
Date Of Accident	13/02/2019 15:00
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD LAMP POST 120
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5615Z
Insured/Policyholder	
Name Of Registered Owner	DIMBULAH COFFEE (S) PTE LTD
Co Reg No	200107833D
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92729214
Alternative Phone No	OFFICE-92729214

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6MJ DIESEL (MTA)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT108639
Cover Note Number	

Driver

Name of Driver	NOKMAN BIN ROHANI
NRIC No	S1525170J
Date Of Birth	24/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92729214
Fax Number	
Contact Number	OTHERS-92729214
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 104 SPOTTISWOODE PARK #12-116
Postcode	080104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 (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)	2
Passenger 1	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	SHD4536D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW YEO SIN
NRIC/Passport Number	S7929119F
Contact Number	81887533
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Vehicle No: _____


DOA: _____

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- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (II) 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) involved in this accident and the Insurers' 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.

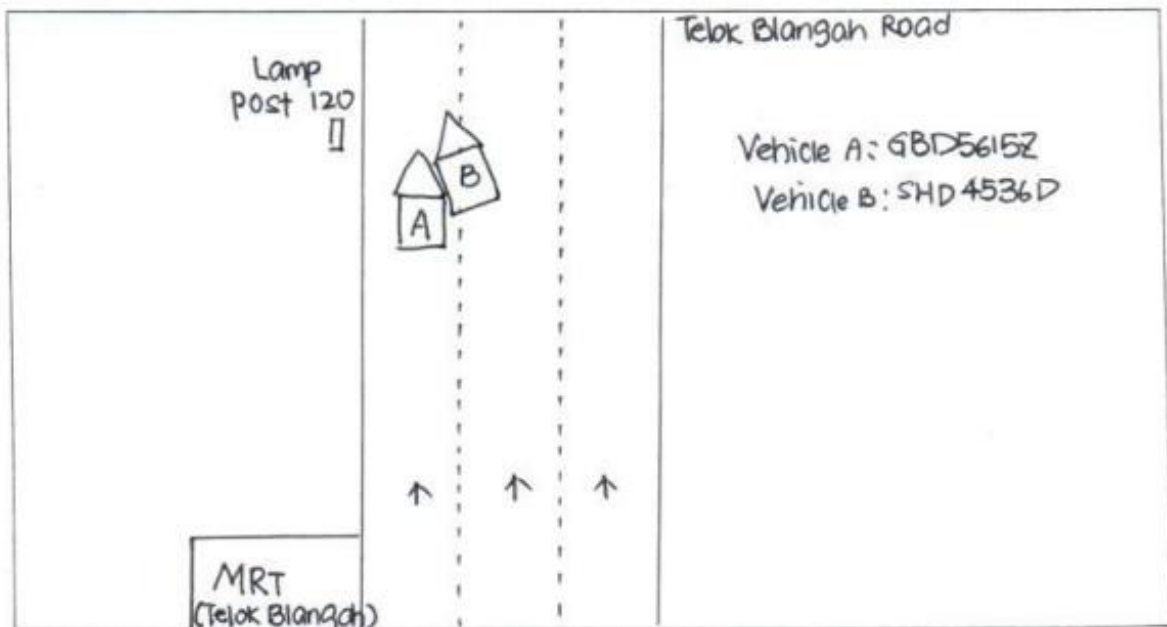
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.


Policyholder's Signature
Date & Time


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


Witnessed by Reporting Center
Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

I was traveling along Telok Blangah Road (Lamp Post 120) at 1600Hrs on 13/02/2019.

I was traveling on the third lane when Vehicle B came from the right, cutting into my lane and hit onto me.

Declaration

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



Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not policyholder)
Date & Time

Witnessed by Reporting Centre
Personnel

ID

92729214.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1525170J



Name

NOKMAN BIN ROHANI

نعمان بن روحاني

Race

MALAY

Date of birth
24-06-1962

Sex

M

S1525170J

Country/Place of birth
SINGAPORE



IDENTITY CARD NO. S1525170J



Date of capture

03-08-2017

RESIDENCE
APT BLK 104 SPOTTISWOODE PARK ROAD
#12-116
SINGAPORE 080104

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIESI

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 29 Dec 1998



Accident Photo



Accident Photo



Accident Photo



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