

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	08/04/2019 15:00
Date Of Accident	06/04/2019 10:45
Exact Location Of Accident	BUKIT TIMAH RD B4 ESSO STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2733T
Insured/Policyholder	
Name Of Registered Owner	KAMAL NORGHAMAR BIN ABDUL GHAFAR
NRIC No	S8010739J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82015285
Alternative Phone No	OFFICE-82015285

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	DMPCSN3020151900
Cover Note Number	-

Driver

Name of Driver	KAMAL NORGHAMAR BIN ABDUL GHAFAR
NRIC No	S8010739J
Date Of Birth	03/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82015285
Fax Number	
Contact Number	OFFICE-82015285
EEmail Address	NOEMAIL

Address	BLK 615 WOODLANDS AVE 4 #09-503
Postcode	730615
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : A'AISA BIN M.ARIS GENDER: : MALE
Passenger 2	NAME: : ZAEHA BTE MAJID GENDER: : FEMALE
Passenger 3	NAME: : NUR NABILA A'AISA GENDER: : FEMALE
Passenger 4	NAME: : RASIDAH 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 ATTACHED 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	SGQ365A
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFK2678C
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)

DETAILS OF INJURED PERSON 1

Name KAMAL NORGHAMAR BIN ABDUL GHAFAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM2733T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name A'AISA BIN M.ARIS
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM2733T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ZAEHA BTE MAJID
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM2733T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

DETAILS OF INJURED PERSON 4

Name	NUR NABILA A'AISA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM2733T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	RASIDAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM2733T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:



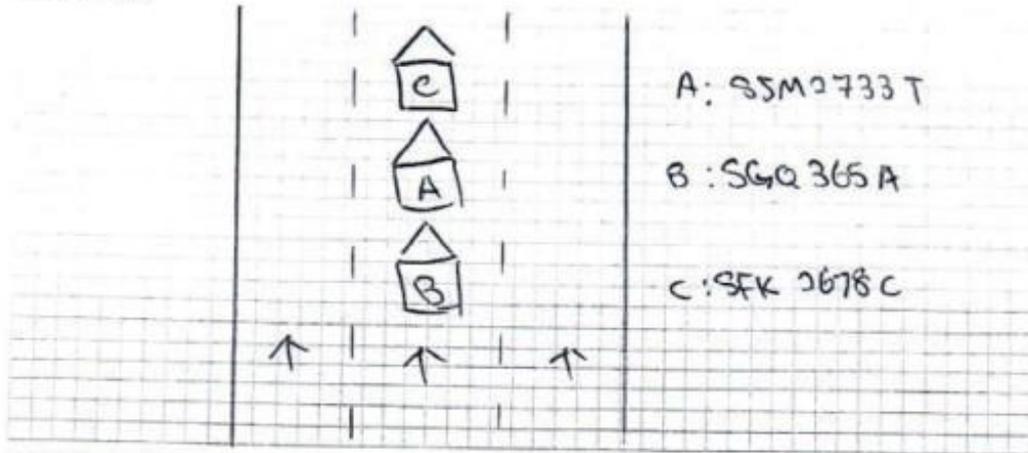
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

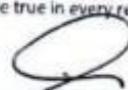
On the stated date, time & location, I was driving my vehicle 'A', when the front vehicle slowed down & came to a complete stop. Stop, hence I follow suit. Suddenly, I felt a huge impact from the rear, the impact caused my vehicle to hit onto the front vehicle. I aight to make a check, it was vehicle 'B' that colluded onto my rear portion, causing my vehicle to hit onto vehicle 'C'.

A: SJM 2733 T
 B: SGQ 365 A
 C: SFK 2678 C

DECLARATION

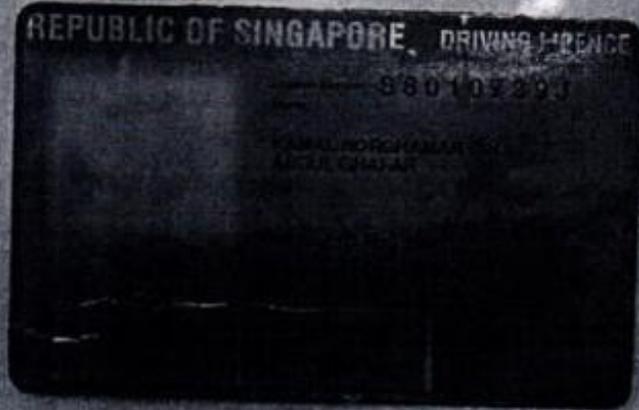
I/We declare the foregoing particulars are true in every respect.


 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.:

DRIVING DOC



DRIVING DOC

4427028



NRIC No. S8010739J



Date of issue
24-03-2011

APT BLK 615 WOODLANDS AVENUE 4 #08-503
SINGAPORE 730615
NRIC No: S8010738J Date: 11/01/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles <= 200 CC	19 May 1999
Class 2A	Motorcycles between 201 CC and 400 CC	17 Dec 2002
Class 2	Motorcycles > 400 CC	23 Feb 2011
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2000 kg	27 Apr 2004

S/No. 9000130849

NRIC No. S8010739J

Licence No. S8010739J



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

