

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	10/06/2019 18:54
Date Of Accident	08/06/2019 13:45
Exact Location Of Accident	BLK 35A MARINE CRES MSCP DECK 1 OR DECK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6522K
Insured/Policyholder	
Name Of Registered Owner	MR MUHAMMAD FIRDAUS BIN ABDUL MALEK
NRIC No	S8715309F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90109647
Alternative Phone No	OTHERS-90109647

Vehicle Particulars

Manufacturer	BMW
Model	523I
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	DMPCSN3055051800
Cover Note Number	

Driver

Name of Driver	MR MUHAMMAD FIRDAUS BIN ABDUL MALEK
NRIC No	S8715309F
Date Of Birth	18/05/1987
Occupation	INDOOR
Date Of Driving Pass	26/01/2006
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90109647
Fax Number	
Contact Number	OTHERS-90109647
EEmail Address	NOEMAIL

Address	BLK 511B YISHUN STREET 51 #09-433
Postcode	762511
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	INSIDE MSCP
Road Surface	INSIDE MSCP

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)	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

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	SLQ2327M
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)	

Accident Sketch Plan

SKETCH PLAN

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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 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:

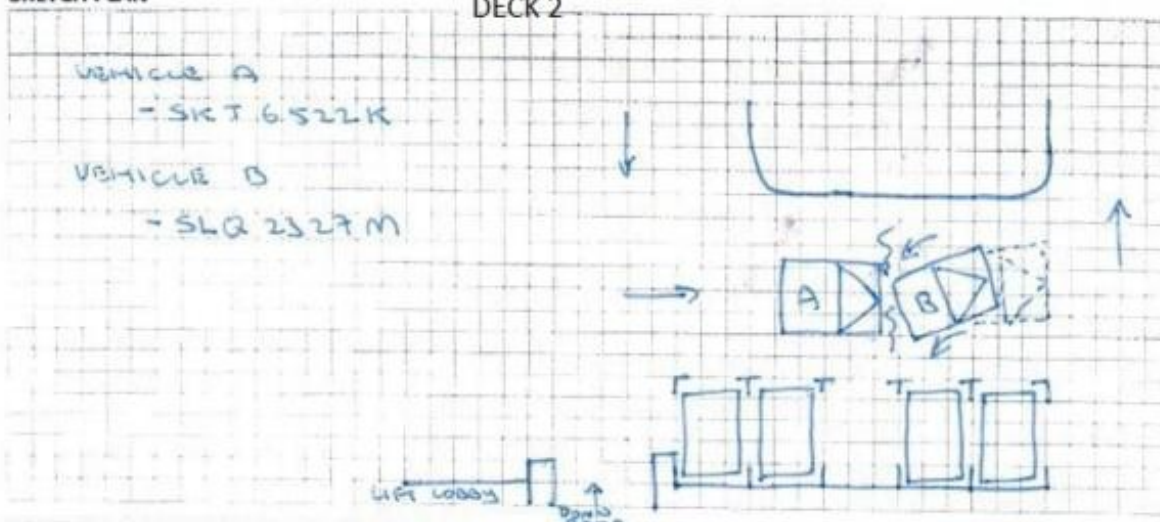
 10/06/19

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

Individual Statement

BLK 35A MARINE CRES MSCP DECK 1 OR
DECK 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ALONG THE DRIVEWAY OF THE MSCP OF BLK 35A MARINE CRESCENT.
WHILE MAKING MY WAY OUT OF THE MSCP, THERE WAS THIS VEHICLE IN FRONT OF ME. SUDDENLY STOPPED HIS VEHICLE, AND SO I TOO APPLIED BRAKE TO STOP MY VEHICLE. THEN I NOTICED THAT HE ENGAGED INTO THE REVERSE GEAR AND STARTED REVERSING HIS VEHICLE, SO IMMEDIATELY I SOUNDED MY HORN TO WARN THE DRIVER AND I TOO ENGAGED INTO REVERSE GEAR HOPEFULLY THAT I CAN PREVENT MYSELF BEING HIT BY THE VEHICLE. NEVERTHELESS, AS THE VEHICLE REVERSED TOO FAST, I DOESN'T HAVE ENOUGH TIME TO REACT AND EVENTUALLY GOT HIT ON THE FRONT PORTION OF MY VEHICLE. I WOULD LIKE TO ADD IN THAT, DURING THE REVERSING, HE DIDNOT SWITCH ON THE HAZARD LIGHT TO SHOW HIS INTENTION OF PARKING HIS VEHICLE. ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SLQ 2327M) THAT HIT ONTO MY VEHICLE WHEN HE WAS REVERSING HIS VEHICLE.
THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.
VEHICLE A - SKT 6522K
VEHICLE B - SLQ 2327M

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO **S8715309F**




Name
MUHAMMAD FIRDAUS BIN ABDUL MALEK

Race
MALAY

Date of birth
18-05-1987

Issuing Authority
SINGAPORE





For LKK/NAC Use Only

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S8715309F**

Holder's Name
MUHAMMAD FIRDAUS BIN ABDUL MALEK

Issue Date: **18 May 1987**
Valid Until: **21 Sep 2018**

STATER



ENC No **S8715309F**



State of Issue
23-08-2013

APRILK 6118 TERNAN STREET 61108-432
SINGAPORE 282611

SIG **S8715309F** Date **03/12/2018**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		EFFECTIVE DATE
Class 2B	Motorcycles up to 250 cc	18 Jan 2006
Class 2A	Motorcycles between 201 cc and 400 cc	21 Aug 2007
Class 2	Motorcycles > 400 cc	21 Apr 2009
Class 3	Motor cars with payload weight up to 2000kg with up to 7 passengers, exclusive of driver, and other motor vehicles with payload weight up to 2500kg	26 Jan 2006

MP 02M



Licence No **S8715309F**