#### 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

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	ACCIDENT STATEMENT		
Date Of Report	17/06/2019 14:58		
Date Of Accident	15/06/2019 19:55		
Exact Location Of Accident	JUNC OF TAMPINES AVE 1 & BEDOK RESERVOIR RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	XD6551G		
Insured/Policyholder			
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD		
Co Reg No	199904117E		
Email Address	KINHOE.NG@KTCGROUP.COM.SG		
Mobile Phone No			
Alternative Phone No	OFFICE-96155910		
Vehicle Particulars			
Manufacturer	VOLVO		
Model	FMX420 84RT SC		
Exact Purpose for which vehicle was being used at time of accident	WORKING		
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCVSN1802061901		
Cover Note Number			
Driver			
Name of Debase	MOLIAMAD HAFIZ DIN GAKADIYA		

Name of Driver MOHAMAD HAFIZ BIN SAKARIYA

Passport No/FIN G1123250M
Date Of Birth 05/06/1988
Occupation OUTDOOR
Date Of Driving Pass 16/10/2015

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91676790

Fax Number
Contact Number

EMail Address NOEMAIL

Address NO 3 JLN KAJAYAAN

47 TAMAN UNIVERSITI SKUDAI JOHOR BAHRU

Postcode 81300

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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**

MY VEH WAS STATIONARY AT THE RED TRAFFIC LIGHT JUNC OF TAMPINES AVE 1 & BEDOK RESERVOIR RD ON THE 3RD LANE.SUDDENLY VEH(B)BERAING REG NO SJR1259B 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? NO
Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJR1259B

Vehicle Make/Model/Colour KIA

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver P RAMESH
NRIC/Passport Number S7982471B

**Contact Number** 

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. Content under the Personal Data Protection Act (PDPA)

I understand, arknowledge, agree and consent that:

- (iii) 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 liwyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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:
  - 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

(iii) 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

NRIC/FIN No.:

### **Accident Sketch Plan**

	KETCH PLAN		TAMP	NES AVE	/	
A-XDE	2216					
B-SURIS	1598	A A	19 4 4	1		
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	ESCRIBE CIRCU	IMSTANCES OF TI	HE ACCIDENT			
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	ECLARATION	oregoing particulars	are true in every respe	t	Λ	

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

Name: NRIC/FIN No.:









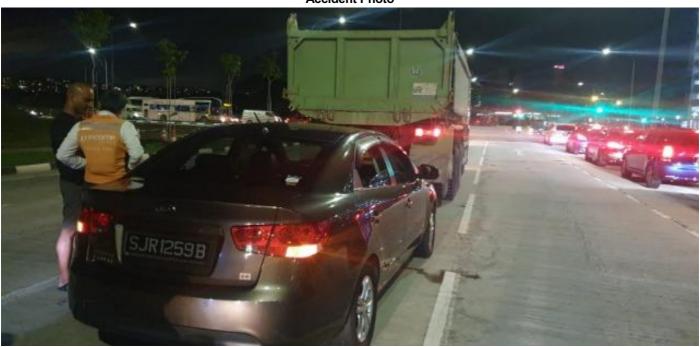














#### **Identification Card**





No,3 JALAN KEJAYAAN 47 JAMAN UNIVERSITI SKUDAL, JAHOR BHARU 81380 SKUDAI