## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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	19/06/2019 15:18	
Date Of Accident	04/06/2019 08:05	
Exact Location Of Accident	SIMS AVE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBA8507Z	
Insured/Policyholder		
Name Of Registered Owner	VERTICAL ENGINEERING PTE LTD	
Co Reg No	_	
Email Address	VERTICAL_ENGRG@SINGNET.COM.SG	
Mobile Phone No	(LOCAL) +65-92401868	
Alternative Phone No	OFFICE-68414509	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	_	
Exact Purpose for which vehicle was being used at time of accident	WORK	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	DMCVSN3009381903	
Cover Note Number		
Driver		
Name of Driver	IKBAL ZAFAR	
Passport No/FIN	G7943406Q	
Date Of Birth	06/03/1982	
Occupation	OUTDOOR	
Date Of Driving Pass	08/12/2017	
Driving Experience	1 YEAR AND 5 MONTHS	

MALE

(LOCAL) +65-92401868

VERTICAL\_ENGRG@SINGNET.COM.SG

OTHERS-92401868

VERTICAL ENGINEERING PTE LTD Address

Postcode

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

ambulance?

NO

NO

5

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME: : NIL

GENDER: : MALE

Passenger 2 NAME: : NIL

> GENDER: : MALE

Passenger 3 NAME: : NIL

> GENDER: : MALE

Passenger 4 NAME: : NIL

> GENDER: : MALE

**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? NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **GBJ4131C** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE Name of Driver NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LI BINGXING S2729295Z 85113295

### Sketch Plan

## SKETCH PLAN

## 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.
- 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.
- 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.
- The 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.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

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, involces, 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 envolopes/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:
  - 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.

X

CONTRACTOR OF THE PARTY OF THE

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

6 2019

SKETCH PLAN

	-> IAIBI
	-7 -7
GBA 850 GBJ 4131	7.Z simsave
ESCRIBE CIRCUMSTANC	TES OF THE ACCIDENT
toc cli rear at t	Vehicle B slow down and Vehicle A was ose and just slightly hit on Vohicle B portions. Vehicle A damages ugs
CLARATION Ve declare the parties of	rticulars are true in every respect.
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:    Call   Call     Reporting Centre Personnel's Signature     Name:     NRIC/FIN No.:

## Sketch Plan #3



1000





## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 06 Dec 2017 passengers, exclusive of different and other motor passengers.

NP 428A























