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.

aloresalu.						
	ACCIDENT STATEMENT					
Date Of Report	02/08/2019 16:25					
Date Of Accident	22/07/2019 17:30					
Exact Location Of Accident	JALAN LINGKARAN DALAM					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SJF441K					
Insured/Policyholder						
Name Of Registered Owner	MR SARBJIT SINGH S/O WIRAM SINGH					
NRIC No	S1426624J					
Email Address	NOEMAIL					
Mobile Phone No	(LOCAL) +65-90230974					
Alternative Phone No	OFFICE-90230974					
Vehicle Particulars						
Manufacturer	CHEVROLET					
Model	AVEO 1.4L AT					
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	REPORTING ONLY					
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	DMPCSN3044561900					
Cover Note Number						
Driver						
Name of Driver	MAHNOH BIN ALI					
NRIC No	S0019763G					

NRIC No S0019763G

Date Of Birth 14/08/1948

Occupation OUTDOOR

Date Of Driving Pass 03/05/1976

Driving Experience 43 YEARS AND 2 MONTHS

Gender MALE

Mobile Number +65-90040508

Fax Number

Contact Number OFFICE-90040508

EMail Address NOEMAIL

BLK 569 PASIR RIS STREET 51 Address

#04-60

Postcode 510569

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** Road Surface WET

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?

YES

NO

NO

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

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)

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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. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
- 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.
- 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 Person nel's Signature Name

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	7111111111	
	July Lingkusson Talum.	A: SP YVIX. B: Unicoowin
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Refer to Auto	and ·	
ECLARATION		
	ticulars are true in every respect.	
olicyholder's Signature	Driver's Signature	Reporting Centre Personne Signature

Date & Time:

NRIC/FIN No.:

Accident Sketch Plan

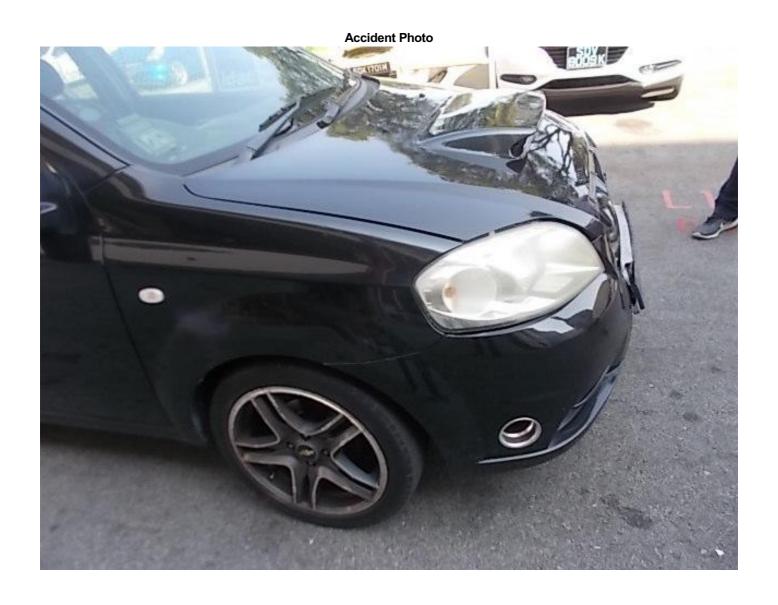
ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.





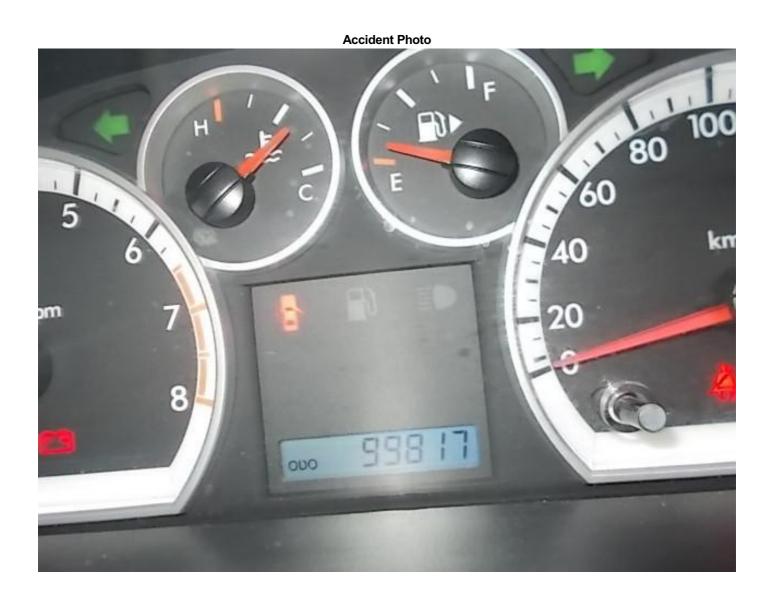












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Haffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	ENDUM			
A)	PARTICULARS OF PE	RSON MAKING THE AMEND	MENTS:			
	Original Report No	MNA119101456	Vehicle Registration No:	SJF441K		
	Name(as shown in NRIC)	MAHNOH BIN ALI	NRIC/FIN/Passport No:	S0019763G		
	(*Vehicle Driver/ Ve	hiele Owner) (*) Please delet	te as appropriate			
	Address	BLK 569 PASIR RIS STR	Singapore(510569			
	Contact (Tel)		Mobile No.:90040508	ile No.: 90040508		
	Email Address					
	Date of Accident	22/07/2019	Time of Accident : 17:3	7:30		
	Place of Accident : JALAN LINGKARAN DALAM					
	Insurance Company:	China Taiping Insurance (Singapore) Pte. Ltd.				
	-0					
				Ma		
	Policyholder / Driver' Date:	s Signature	Reporting Centre Pers Name: NRIC/FIN No.: Date:	onnel's Signature		