

## 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	20/09/2019 16:02
Date Of Accident	06/08/2019 05:00
Exact Location Of Accident	CHANGI AIRPORT T2 BLVD PICKUP POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1207J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RFL MART
Co Reg No	53347427B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92990715

### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	CHASSIS NO: LL3ADADE8BA004341
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	BUS

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3060891800
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD RAFI BIN SULAIMAN
NRIC No	S8602745C
Date Of Birth	22/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92990716
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 471A FERNVALE STREET #11-93
Postcode	791471
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 - CHANGE/CROSS LANE
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
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

ON 6/8/2019 AT 5AM, AFTER ALIGHTING PASSENGERS I STARTED TO MOVE OFF, AT THIS JUNCTURE, SHD2087X HAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY MINI-BUS PC1207J

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2087X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

20/9/19

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

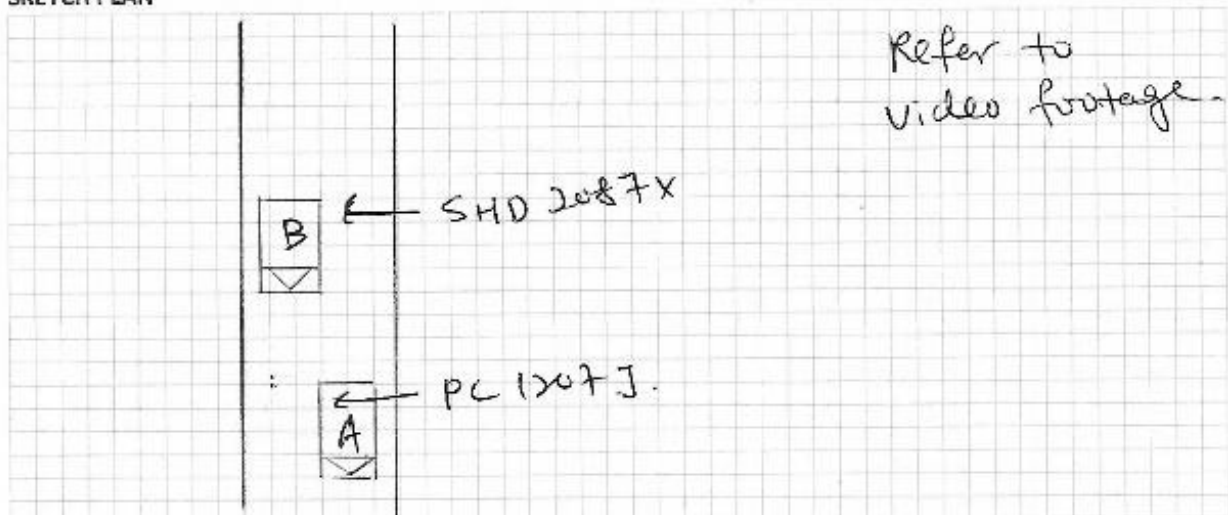
20/9/19 3:20pm



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

## Sketch Plan #2

### SKETCH PLAN






### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/8/2019 e.s.m, after alighting passenger  
I start to move off, at this juncture,  
SHD 2087X had collided onto the front  
right portion of my mini-bus PC 1207J.

### 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:



Identification Card

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8602745C**




Name  
**MUHAMMAD RAFI BIN SULAIMAN**  
محمد رافي بن سليمان

Race  
**INDIAN**


Date of birth  
**22-01-1986**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**




**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S8602745C**  
Name: **MUHAMMAD RAFI BIN SULAIMAN**


Birth Date: **22 Jan 1986**  
Issue Date: **05 Sep 2011**



001997266D

**Land Transport Authority**

**VOCATIONAL LICENCE**



Licence No : **S8602745C**  
Name : **MUHAMMAD RAFI BIN SULAIMAN**  
Issue Date : **1/3/2011**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



# Identification Card

618022



NRIC No. S8602745C

Date of issue

08-04-2019

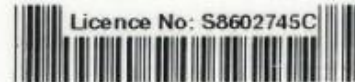
Address

APT BLK 471A FERNVALE STREET  
#11-93  
SINGAPORE 791471

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	13 Jan 2005
Class 2A	Motorcycles between 201 cc and 400 cc	04 Dec 2007
Class 2	Motorcycles > 400 cc	24 Mar 2009
Class 3	Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	26 Nov 2008
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	21 Jun 2010



Licence No: S8602745C

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

Issue Date

03 BUS VL  
04 BUS ATTENDANT

01/03/201  
01/03/201.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

