

## 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	07/08/2019 12:51
Date Of Accident	06/08/2019 07:10
Exact Location Of Accident	JUNCTION OF YISHUN RING RD & YISHUN AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8474H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZMR TRANSPORT
Co Reg No	53289042J
Email Address	ZULKARNAENRASOL.ZR@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-85032524

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN30535751900
Cover Note Number	15/07/19 - 14/07/20

### Driver

Name of Driver	ZULKARNAEN BIN MOHAMED RASOL
NRIC No	S8235591Z
Date Of Birth	12/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85032524
Fax Number	
Contact Number	
Email Address	ZULKARNAENRASOL.ZR@GMAIL.COM

Address	BLK 742 WOODLANDS CIRCLE #07-445
Postcode	730742
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	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?	
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

It was red traffic at the above junction. Both vehicles were stationary. I accidentally slipped on my brake pad causing my vehicle move slowly forward and touch onto the rear of car B.

#### 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	SLC3151U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG LIANJIN
NRIC/Passport Number	S6976546G
Contact Number	92396866
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: PC 8474H  
INSURER : Chua  
DATE & TIME: 06/8/19 @ 07:10 am

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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:

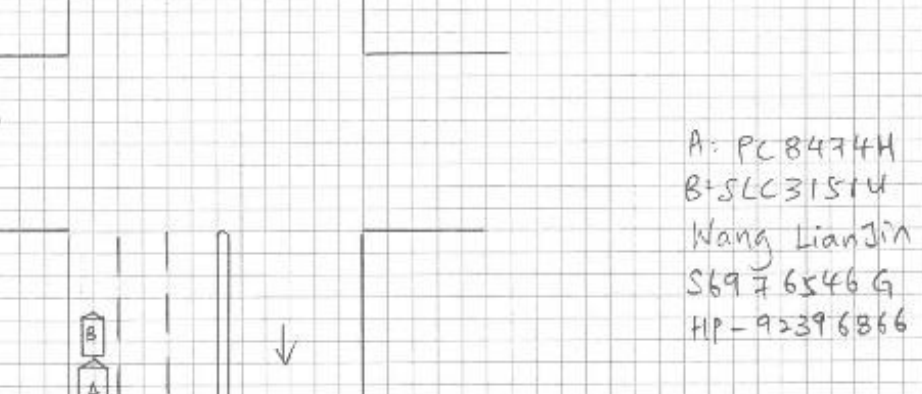
Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN

Yichun  
Ave 9

A: PC8474H  
B: SLC31514  
Wang LianJin  
S6976546 G  
HP-92396866



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**




Yishun Ring Rd

It was red traffic at the above junction. Both vehicles were stationary. I accidentally slipped on my brake pad causing my vehicle move slowly forward and touch onto the rear of car B.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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:

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S8235591Z**

Name: **ZULKARNAEN BIN MOHAMED RASOL**

Issue Date: **12/7/2013**

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8235591Z**



Name

**ZULKARNAEN BIN MOHAMED RASOL**

زولكارناين بن محمد رسول

Race

**MALAY**

Date of birth

**12-11-1982**

Sex

**M**

Country of birth

**SINGAPORE**

**S8235591Z**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S8235591Z**

Name

**ZULKARNAEN BIN MOHAMED RASOL**

Birth Date: **12 Nov 1982**

Issue Date: **26 Feb 2014**

002278540E

4934651



NRIC No: **S8235591Z**



Date of Issue

**07-02-2013**

Address

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

Type	Description	Issue Date
02	TAXI VL	12/07/2013
03	BUS VL	09/04/2013
04	BUS ATTENDANT	09/04/2013



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles >= 2500kg **19 Apr 2005**



NP 428A

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

