

# 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 Submission ..... 14/12/2020 15:27 (SGT)  
Date of Accident ..... 26/08/2019 14:00 (SGT)  
Exact Location of Accident ..... Brickland Rd, Singapore  
Additional Location Information ..... ALONG BRICKLAND RD TWDS BUKIT BATOK AVE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ875G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SB EXPRESS LOGISTICS PTE LTD  
Company Reg No ..... 201540092K  
Email Address ..... SKYCHEN@SBEXPRESS.COM.SG  
Mobile Phone No ..... (Phone) +65-88693080  
Alternative Phone No ..... (Office) +65-67476188

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fuso  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 7545

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSN1917001900  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD JUFRI BIN JAMIL  
NRIC No ..... S9009848I

Date Of Birth .....	23/03/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	11/12/2013
Driving experience .....	5 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88693080
Alt. Phone Number .....	-
Email Address .....	SKYCHEN@SBEXPRESS.COM.SG
Address .....	645 ANG MO KIO AVE 6 #11-4993
Address complement .....	-
Postcode .....	560645
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 26/08/2019, MY COMPANY DRIVER MUHAMMAD JUFRI BIN JAMIL WAS TRAVELLING ALONG BRICKLAND RD TWDS BUKIT BATOK AVE 5, HE WAS TRAVELLING ON THE LEFT MOST LANE WHEN VEHICLE B SJT5753D CAME OUT FROM THE FILTER LANE DID NOT CHECK FOR CLEARANCE AND COLLIDED ONTO MY DRIVER'S VEHICLE. I WISH TO STATE THAT I AM LODGING THIS REPORT ON BEHALF AS THE DRIVER IS CURRENTLY IN PRISON AND UNABLE TO LODGE THE REPORT. AND I AM LODGING THIS REPORT AS I HAVE RECEIVED LETTER FROM MY INSURER.

#### ATTACHMENT(S)

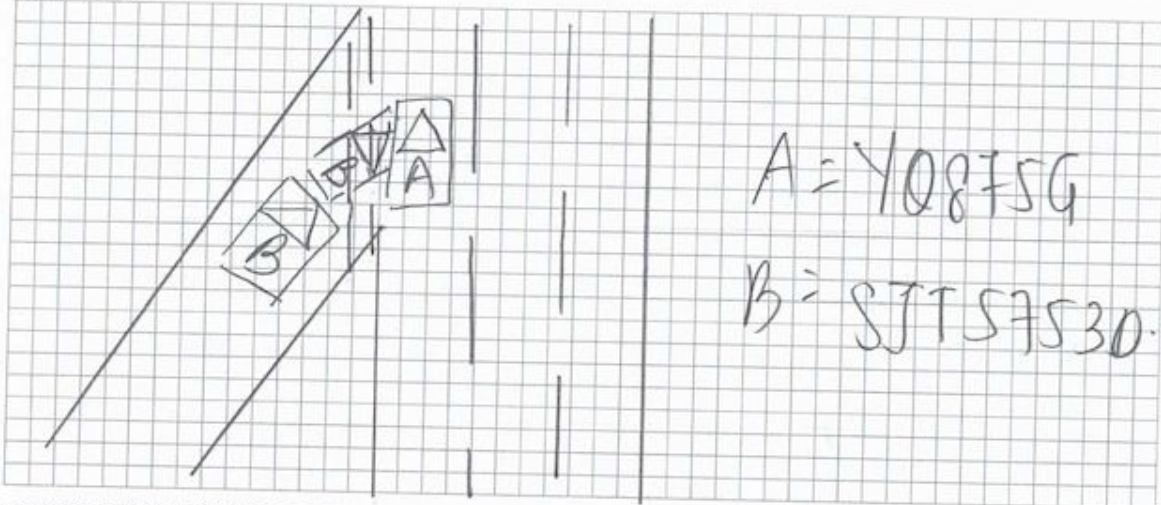
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJT5753D
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/08/2019, my company driver Muhammad JAFRI BIN JAMIL was travelling along Brickland Rd Inds Bukit Batok Ave 5. He was travelling on the left most lane when vehicle B SJT5753D came out from the filter lane did not check for clearance and collided onto my driver's vehicle.

I wish to state that I am lodging this report on behalf as the driver is currently in prison and unable to lodge the report. And I am lodging this report as I have received letter from my insurer.

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.:

GIARMC SketchPlanForm\_V3



**SKETCH PLAN****IMPORTANT NOTICE**


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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:  
 NRIC/FIN No.:

 <b>中国太平</b> CHINA TAIPIING	<b>中国太平保险(新加坡)有限公司</b> CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD. <small>Co. Reg. No. 30320856K</small>	NCMT/C N. 04 4405404 Car Type: C														
<b>CERTIFICATE OF INSURANCE</b> <small>Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)          Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987          Road Transport Act, 1987 (Malaysia)          Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987 (Malaysia)</small>																
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<b>NOTE:</b> PURCHASE CO. : GULDRILL FINANCIAL SERVICES PTE. LTD. AS RP <small>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 68 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.</small>																
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Please see reverse		For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.  Authorized Signatory														
Issued By: _____ Authorized Officer																
<small>3 Anson Road #16-00 Springleaf Tower Singapore 079009 Tel: 6369 6111 Fax: 6225 3562 Website: www.taiping.com</small>																























