

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	22/11/2019 10:40
Date Of Accident	21/11/2019 16:40
Exact Location Of Accident	BLK 126A BUKIT MERAH VIEW OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2543L
Insured/Policyholder	
Name Of Registered Owner	21 BEYOND PTE LTD
Co Reg No	201832756K
Email Address	DORIS@21BEYOND.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62780500

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	DMCVSN3001141900
Cover Note Number	02/01/2019 - 14/04/2020

Driver

Name of Driver	KHAIRUL HAFIZ BIN KAMARUSI
NRIC No	S8228409E
Date Of Birth	31/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91457367
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 288A JURONG EAST ST 21 #06-364
Postcode	601288
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : KELVIN KHOR 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

REFER TO STATEMENT

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	SHC4612Y
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)	0

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 9BE 2543L
INSURER : Ching
DATE & TIME: 21/11/2019 @ 1640

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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: Jodyn (AMK) 22/11/19
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: GBE 2543L (china)
 Date & Time: 21/11/19 @ 1640 (clear/dry)

While reversing into the empty lot, has accidentally hit onto the front LH portion of SHC 4612Y (parked partially into the empty lot that i am going to park in).

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 _____ Driver's Signature _____ Reporting Centre Personnel's Signature _____
 Date & Time: _____ (If driver is not the policyholder) Name: (AMK)
 Date & Time: 22/11/2019 NRIC/FIN No.: _____

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()

REPUBLIC OF SINGAPORE DRIVING LICENCE

88228409E

KHARIL HAFIZ BIN KAMARUS

DOB: 31 Aug 1982
ISSUED: 19 May 2017




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 88228409E

KHARIL HAFIZ BIN KAMARUS

KHARIL HAFIZ BIN KAMARUS

BOYANUS

31-08-1982

SINGAPORE






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	DESCRIPTION	EXPIRES DATE
Class 2B	Motorcycles <= 250 cc	08 Mar 2010
Class 2A	Motorcycles between 251 cc and 400 cc	11 Jul 2013
Class 1	Motorcycles > 400 cc	23 Dec 2015
Class 3	Motor cars with a maximum weight <= 2000kg with or without trailer, exclusive of class 1 and of the motor vehicles with trailer weight <= 2000kg	23 Jul 2009

MP 434

License No: 88228409E



8752474

88228409E

19-08-2017






Accident Photo



Accident Photo



Accident Photo



Accident Photo



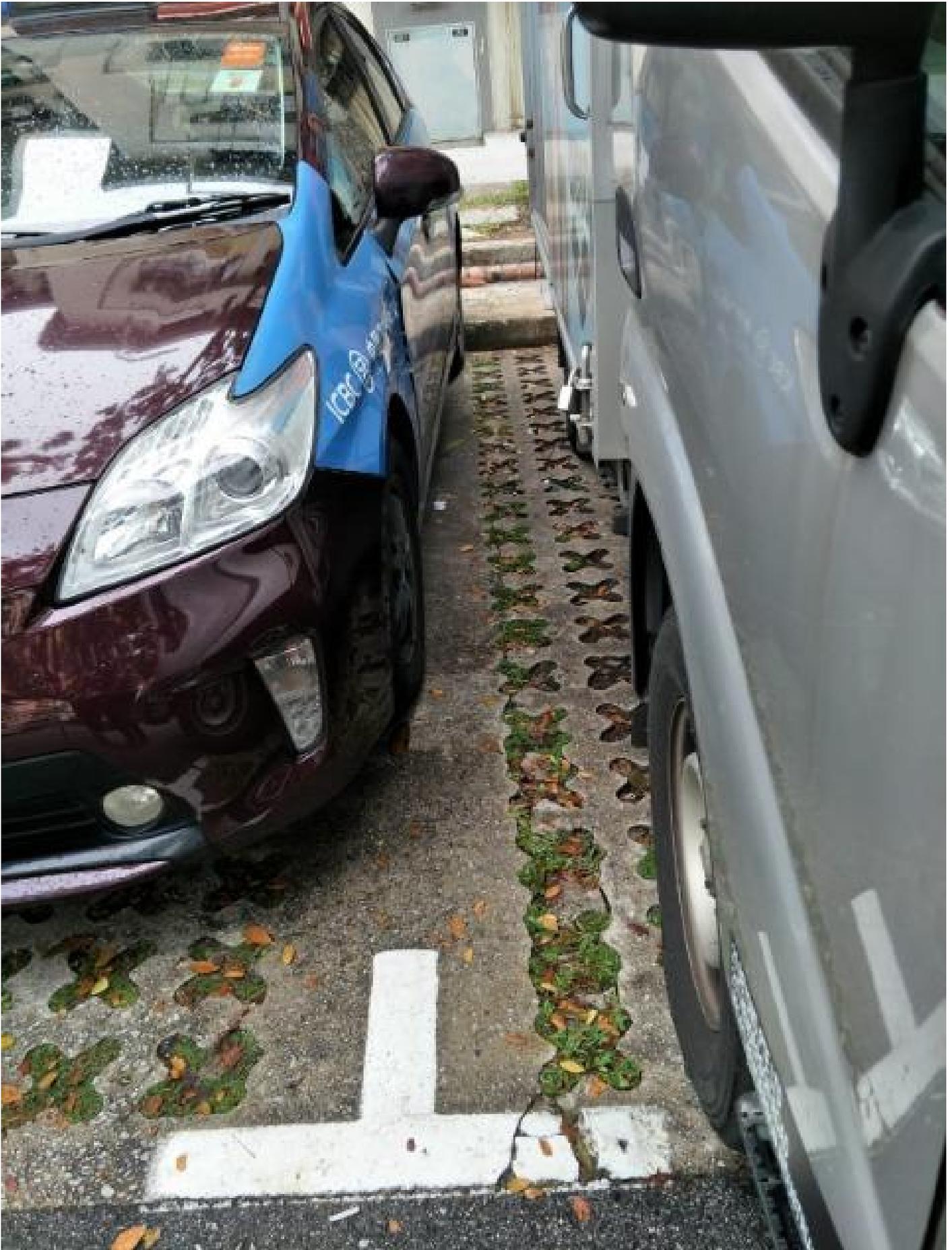
Accident Photo



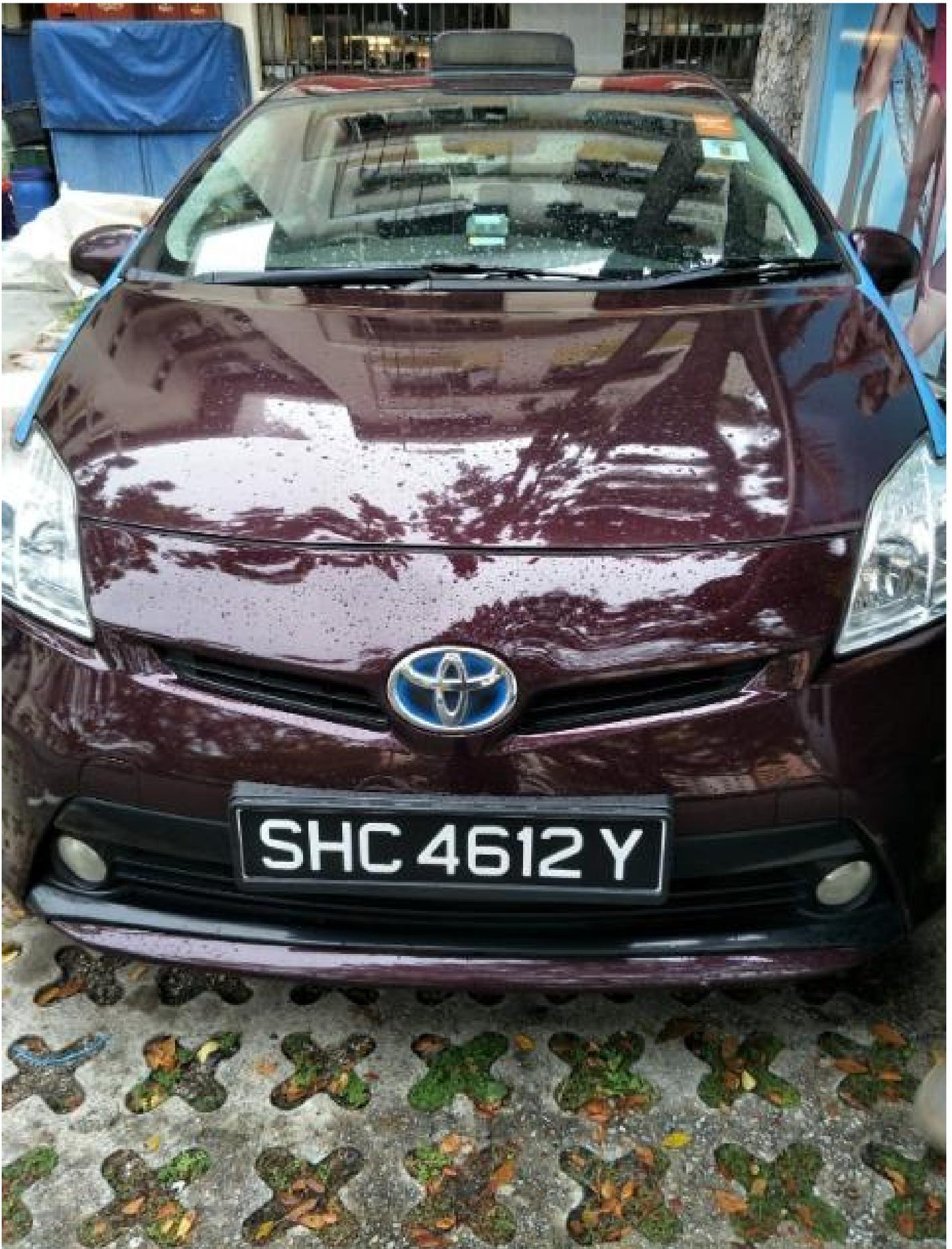
Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

