

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	19/12/2019 14:19
Date Of Accident	15/12/2019 20:45
Exact Location Of Accident	JUNCTION OF STAMFORD RD AND BENCOOLEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8098J
Insured/Policyholder	
Name Of Registered Owner	FAHRURAZI BIN ABAS
NRIC No	S7520148F
Email Address	FAHRURAZI_ABAS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96478010
Alternative Phone No	OTHERS-96478010

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3 CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PVT USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	DMPCSN3078721801
Cover Note Number	29/12/18-28/12/19

Driver

Name of Driver	FAHRURAZI BIN ABAS
NRIC No	S7520148F
Date Of Birth	14/07/1975
Occupation	INDOOR
Date Of Driving Pass	11/04/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96478010
Fax Number	
Contact Number	OTHERS-96478010
Email Address	FAHRURAZI_ABAS@YAHOO.COM.SG

Address	BLK 782B WOODLANDS CRESCENT #03-323
Postcode	732782
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)	4
Passenger 1	NAME: : DRIVER'S SPOUSE GENDER: : FEMALE
Passenger 2	NAME: : DRIVER'S DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : DRIVER'S SON 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

ON 15TH DECEMBER 2019, MY CAR WAS STATIONARY AT THE RED TRAFFIC LIGHT JUNCTION ALONG STAMFORD ROAD TO ORCHARD ROAD BETWEEN NATIONAL MUSEUM AND SMU. THE TRAFFIC LIGHT WAS STILL RED WHEN I HEARD AND FELT A BUMP ON THE BACK OF MY CAR AT ABOUT 2042HRS. MY WIFE SAW THE CAR THAT HIT MY CAR THROUGH THE SIDE MIRROR, REVERSED A BIT. I GOT OUT TO CHECK. CAR SCJ813H DRIVEN BY ANDREW, MOBILE NUMBER 96343765 WAS ABOUT 2METRES AWAY. THERE IS A CLEAR DENT ON THE BOTTOM RIGHT OF MY CAR'S BOOT DOOR.

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	SCJ813H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW
NRIC/Passport Number	
Contact Number	96343765
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SKX 8098J

INSURER : CHINA TAIPIING


DATE & TIME: 15/12/19 8:42 PM

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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: 14/12/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

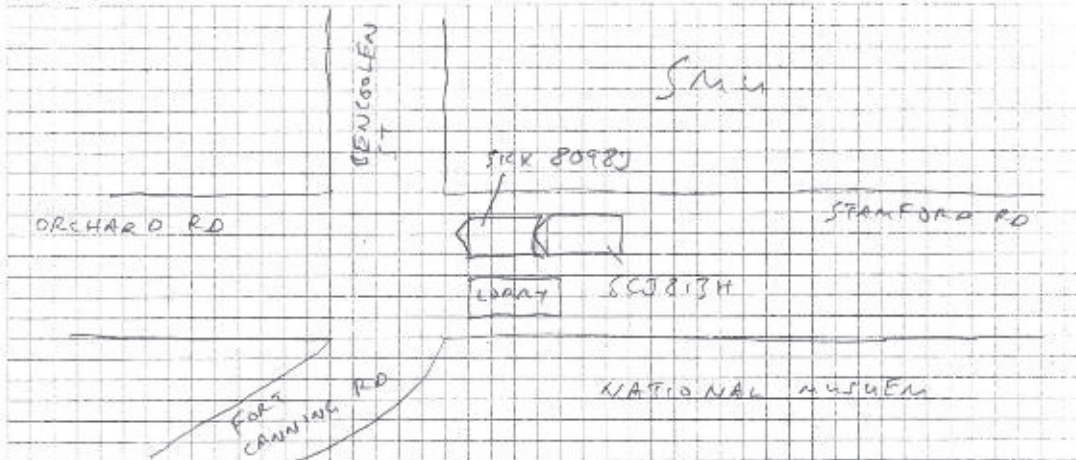

Reporting Centre Personnel's Signature

Name: Efeada

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15th December 2019, my car was stationary at the red traffic light junction along Stanford Road to Orchard Road between National Museum and Sun. The traffic light was still red when I heard and felt a bump on the back of my car at about 2.42hrs. My wife saw the car that hit my car, through the side mirror, reversed a bit. I got out to check. Car SCJ813H driven by Andrew, mobile number 96343765 was about 2 metres away. There is a clear dent on the bottom right of my car's boot door.

Note: Please note that your insurer may have 14 days 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: 19/12/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

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