

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	06/02/2020 15:42
Date Of Accident	04/02/2020 20:30
Exact Location Of Accident	HOUGANG AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4794P
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Insured/Policyholder

Name Of Registered Owner	SING AGRO PTE LTD
Co Reg No	201724656G
Email Address	ADILKHAN@HOTMAIL.SG
Mobile Phone No	
Alternative Phone No	OFFICE-82338941

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1919281900
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AQIB JAMAL
NRIC No	S9474273J
Date Of Birth	23/11/1994
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97300015
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 337 HOUGANG AVENUE 7 #10-389
Postcode	530337
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PART TIMER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : BROTHER 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

WHEN I WAS TRAVELLING ALONG HOUGANG AVE 7 EXITED TOT HE MAIN ROAD, I WAS CHECKING THE MAIN ROAD AND READY TO MAKE A RIGHT TURN. HOWEVER, VEHICLE B WAS DRIVING STRAIGHT AND MY VEHICLE'S FRONT PORTION ACCIDENTALLY COLLIDED INTO VEHICLE B'S LH SIDE PORTION. NO ONE WAS INJURED.

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	SJF8266Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH KEE KHENG
NRIC/Passport Number	S1286611I
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.

MAF
Policyholder's Signature
Date & Time: 6/2/20 13:50hr

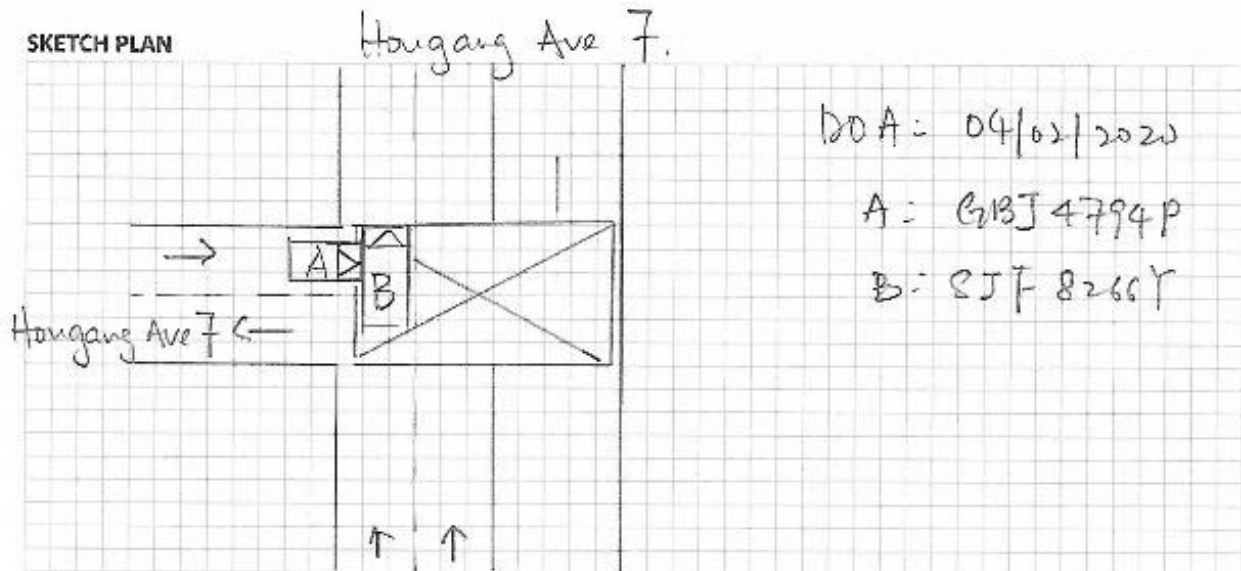


Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/2/20

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along Hougang Ave 7 exited to the main road, I was checking the main road and ready to make a right turn. However, vehicle B was driving straight and my vehicle's front portion accidentally collided into vehicle B's LH side portion. No one was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature: *M. A. J.*
Date & Time: 6/2/20 1350 hr

Driver's Signature: *Aqib*
(If driver is not the policyholder)
Date & Time: 6/2/20

Reporting Centre Personnel's Signature: *[Signature]*
Name: *[Name]*
NRIC/FIN No.: *[Number]*

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9474273J





Name
MOHAMMAD AQIB JAMAL

محمد عاقب جمال
Race
INDIAN

Date of birth
23-11-1994

Sex
M

Country of birth
INDIA



Identification Card





Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 9 4 7 4 2 7 3 J**
Name: **MOHAMMAD AQIB JAMAL**

Birth Date: **23 Nov 1994**
Issue Date: **22 Jan 2018**



 002766541C

Driving License

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 22 Jan 2018

NP 428A



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



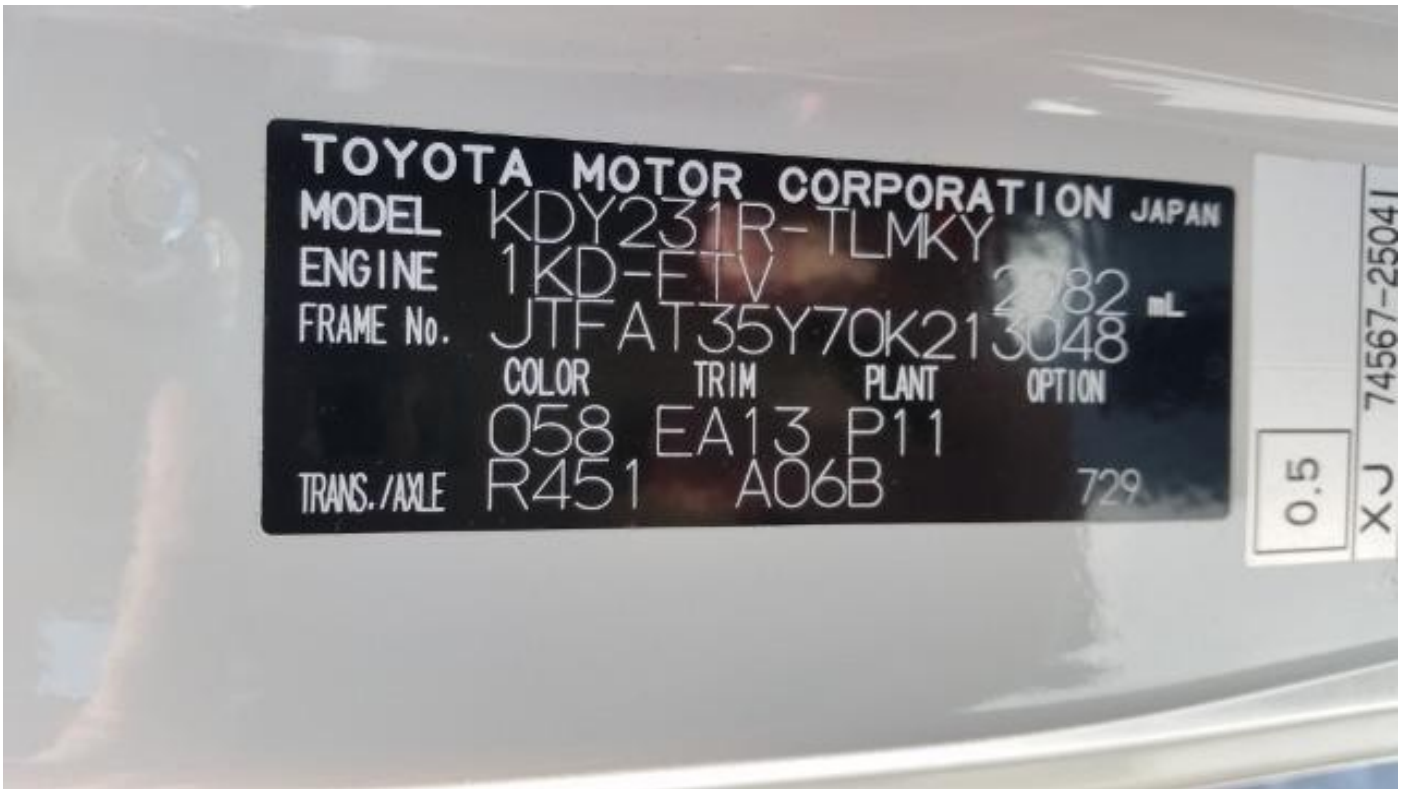
Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 1 2 8 6 6 1 1 1**

Name: **SOH KEE KHENG**

Birth Date: **28 Jan 1958**

Issue Date: **15 Oct 2003**





 **000939375B**