

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	07/02/2020 16:07
Date Of Accident	07/02/2020 08:15
Exact Location Of Accident	CCK DR SLIP RD TOWARDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7576M
Insured/Policyholder	
Name Of Registered Owner	PADIN TRANSPORTATION SERVICES
Co Reg No	52839174K
Email Address	PADINTRANSPORT@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96503376

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
Exact Purpose for which vehicle was being used at time of accident	
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	DMB1SN1517701904
Cover Note Number	30/4/19-29/4/20

Driver

Name of Driver	FARASYIKIN BINTE MOHD PADIN
NRIC No	S9128581I
Date Of Birth	18/08/1991
Occupation	INDOOR
Date Of Driving Pass	22/01/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92219807
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 119 MARSILING RISE #06-128
Postcode	730119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER OF FATHER'S COMPANY
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)	2
Passenger 1	NAME: : ATTENDANT GENDER: : FEMALE

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 7/02/20, 8:18AM, AS I, FARASYIKIN BINTE MOHD PADIN DRIVER OF CB7576M WAS DRIVING OUT OF THE FILTER LANE CONTINUING TO KJE EXPRESSWAY. CAR SLG4537M SPPED PASS FROM MY RIGHT SIDE AND INTO MY LANE. SUDDENLY ALL CARS INFRONT JAM BRAKE AND VAN CB7576M HIT THE BACK RIGHT SIDE OF THE CAR THAT OVERTAKES.

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	SLG4537M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA HWEE WONG
NRIC/Passport Number	S8007836F
Contact Number	97807630
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: CB 7576 M
INSURER : CHINA TRIPING
DATE & TIME: 07/02/2020 8:15 AM

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. The 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 lodgment 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.
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.

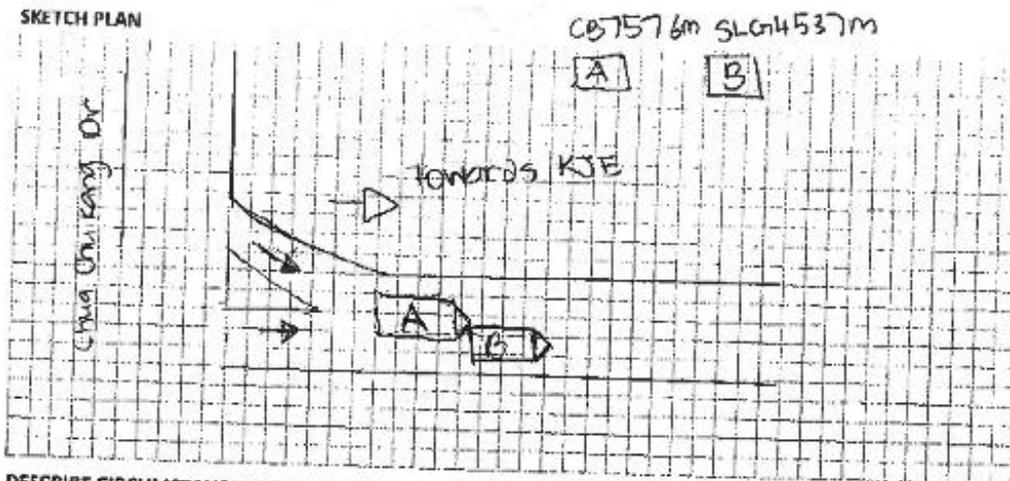


Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time: 07/02/20

afeda 7-2-20
Reporting Centre Personnel's Signature
Name: afeda
NRIC/FIN No.: WL

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/02/20, 8:18am as I, Faragytin Binik Mohd Pudin driver of CB7576M was driving out of the filter lane continuing to KJE expressway. Car SL614537M speed pass from my right side and into my lane. Suddenly all cars in front jam brake, and ~~without~~ van CB7576M hit the back right side of the car that overtakes.

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

We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature] 07/02/20

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

efeda 7-2-20

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

- Claimant's choice: () Claim Own Policy () Claim Third Party (x) Reporting Only () Claim OD/TP at other workshop

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9128581I



Name

FARASYIKIN BINTE MOHD
PADIN

Race

BOYANESE

Date of birth

18-08-1991

Sex

F

Country of birth

SINGAPORE



Identification Card



Driving License



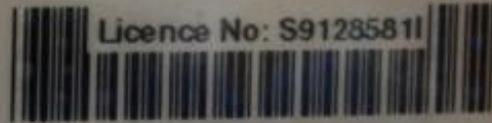
Driving License

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

22 Jul 2011



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



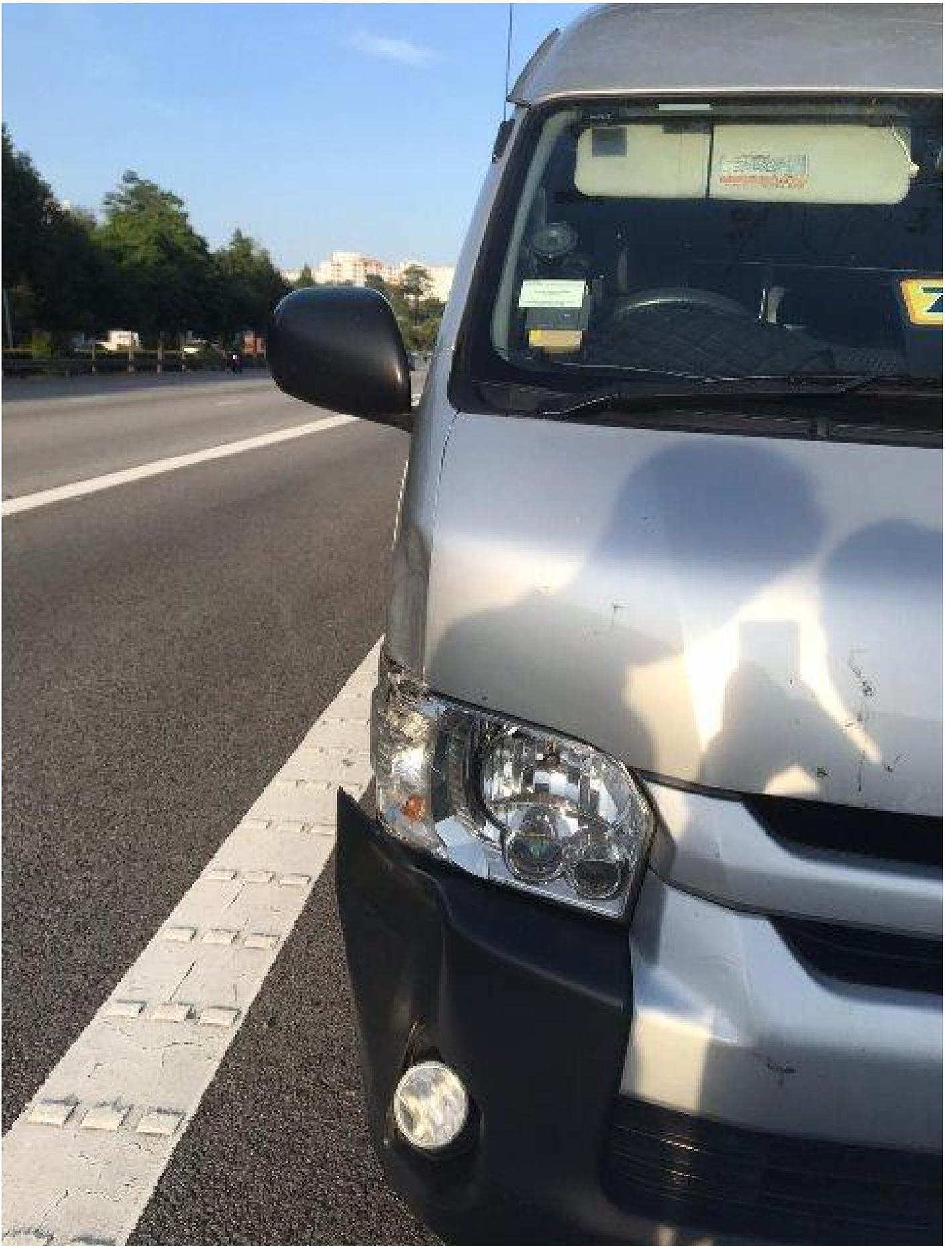
Accident Photo



SCENE



SCENE





TRANSPORTATION SERVICES

10 Anson Road #05-16 International Plaza

Singapore 079903

Call: 96503376

To whom it may concern:

With regards to the
accident on 9/03/2020,

there is nobody hurt
for what we observed
after the car accident

pm