

## 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	24/02/2020 16:58
Date Of Accident	23/02/2020 12:15
Exact Location Of Accident	HANDY RD INFRONT THE ATRIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ702P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GO-RENT PTE LTD
Co Reg No	2XXXXX747D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93761666

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00000782000
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD NOR BIN SAIDI
NRIC No	SXXXX561D
Date Of Birth	25/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1998
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94230333
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 174D EDGEDALE PLAINS #02-193
Postcode	824174
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT G/20200224/7040

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT3355D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMMAD NOR BIN SAIDI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMQ702P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.



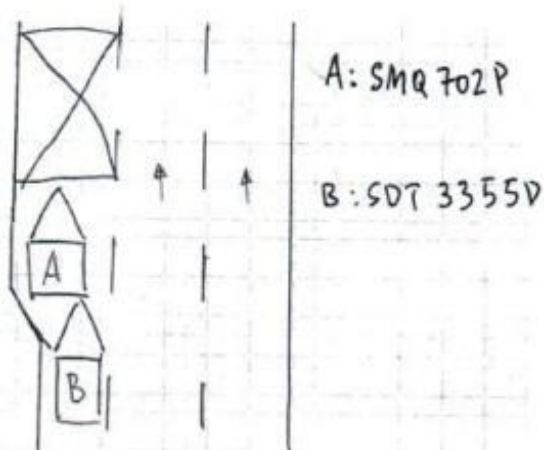
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20200224/7040

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## POLICE REPORT (NP299)

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20200224/7040

Date/Time Report Made 24/02/2020 12:33		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMMAD NOR BIN SAIDI		Address 174D EDGEDALE PLAINS #02-193 SINGAPORE 824174			
ID Type / ID No. NRIC NO / S6804561D		Contact No. Home/Office: Mobile: 94230333			
Nationality SINGAPORE CITIZEN		Email Address MAMAT XXX@YAHOO.COM			
Occupation Advertising salesman		Sex Male	Age 52	Date of Birth 25/01/1968	Race Indonesian
Institution/School Name		Language English			
Date/Time Of Incident 23/02/2020 12:15 - 23/02/2020 12:15		Location Of Incident Along Handy Road, in front The Atrium			

### Brief details.

My vehicle SMQ 702 P was in stationary inside the bay lane area with handbrake, hazard light & safety belt on when out of sudden there a hard impact from rear of my vehicle. I flung forward that cause injury to parts of my body and leg as well. I have the video footage of the incident from front & rear. The said veh SDT 3355 D after hit my rear vehicle keep on moving and and finally stop after knock the main pillar of the Atrium building. I took some photo shot of the damages of my rear right side of my vehicle.

<b>Subjects Involved</b>	
Victim	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2020 12:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20200224/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200224/7040

Person Name	MOHAMMAD NOR BIN SAIDI		
ID Type	NRIC NO	ID No	S6804561D
Gender	Male	Age	52
Race	Indonesian	Language	English
Occupation	Advertising salesman	Address	174D EDGEDALE PLAINS #02-193 SINGAPORE 824174
Mobile No	94230333	Is Informant A Victim?	Yes
Person Name	MOHAMMAD NOR BIN SAIDI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2020 12:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

