

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	17/03/2020 14:34
Date Of Accident	16/03/2020 08:50
Exact Location Of Accident	MANDAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4808T
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	2XXXXX059Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMHCSNA00000451900
Cover Note Number	

Driver

Name of Driver	MOHAMED FADDLI BIN AHMAD
NRIC No	SXXXX346H
Date Of Birth	19/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97480871
Fax Number	
Contact Number	OFFICE-97480871
Email Address	NOEMAIL

Address	BLK 705 CHOA CHU KANG STREET 53 #04-90
Postcode	680705
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)	2
Passenger 1	NAME: : - 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

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	SMQ4585J
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW YEN PING JENNICIA
NRIC/Passport Number	SXXXX546H
Contact Number	97817693
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMED FADDLI BIN AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN4808T
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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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.

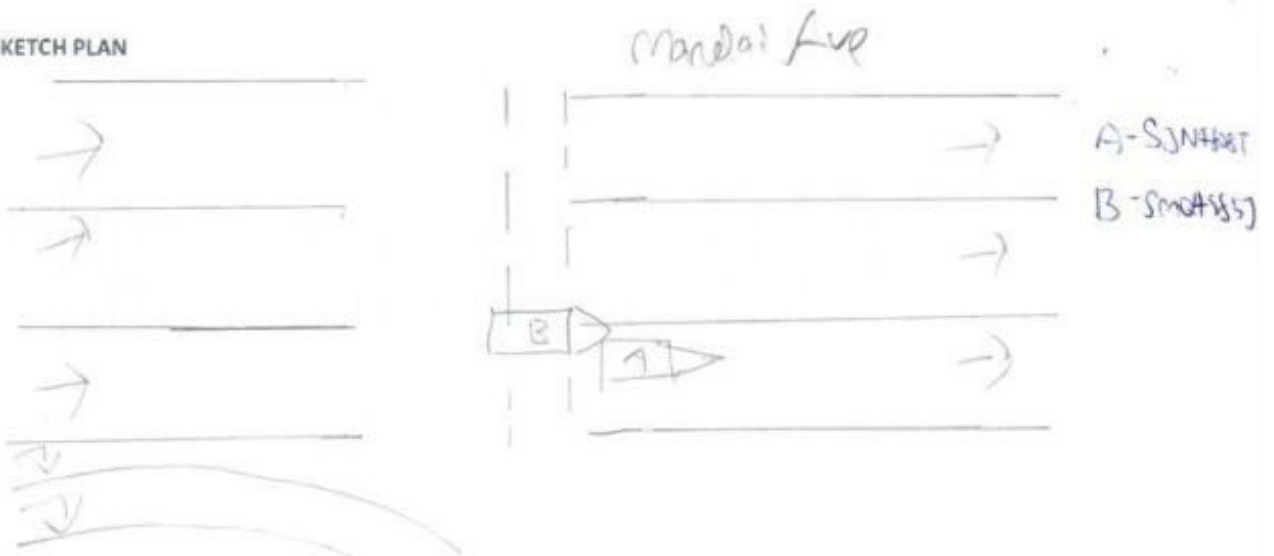
Policyholder's Signature
Date & Time:

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

My car was stationary due to heavy traffic in front, suddenly vehicle B hit against the rear left of my vehicle, causing damage to the rear left of my vehicle.

DECLARATION

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

Policyholder's Signature: [Signature] Date & Time: [Blank]
 Driver's Signature: [Signature] (If driver is not the policyholder) Date & Time: [Blank]
 Reporting Centre Personnel's Signature: [Signature] Name: [Blank] NRIC/FIN No.: [Blank]

Medical Certificate

LIFELINE NEIGHBOURHOOD MEDICAL CLINIC PTE LTD RECEIPT

BLK 280, BUKIT BATOK EAST AVE. 3

#01-333, SINGAPORE 650280

TEL : 6567 8316

No. 67224

Date 17/3/20

Received from Mohd Fudli Bin Ahmad

the sum of Dollar

Thirty eight only

being payment for Medication & Consultation fee.

\$38/-

LIFELINE MEDICAL GROUP

B No. 56503

- | | |
|--|---|
| <input type="checkbox"/> LIFELINE BISHAN MEDICAL CLINIC
BLK 591, BISHAN STREET 71, #01-101, SINGAPORE 670541 TEL: 6259 0900 | <input type="checkbox"/> DR. GUN MING HOE
MBBS (Singapore)
18 Years (Family Medicine) |
| <input type="checkbox"/> LIFELINE BUKIT PANJANG MEDICAL CLINIC
BLK 181, GANGLIA ROAD, #01-11, SINGAPORE 670503 TEL: 6946 5188 | <input type="checkbox"/> DR. ALAN CHOW
MBBS (Singapore)
18 Years (Family Medicine) |
| <input type="checkbox"/> LIFELINE MEDICAL GROUP
BLK 111, RIVERSIDE DRIVE, #02-15, SINGAPORE 245518 TEL: 6883 2392 | <input type="checkbox"/> DR. GUN YANN PHOO
MBBS (Singapore)
18 Years (Family Medicine) |
| <input type="checkbox"/> LIFELINE AESTHETICS & LASER CENTRE
BLK 111, RIVERSIDE DRIVE, #02-15, SINGAPORE 245518 TEL: 6883 6898 | <input type="checkbox"/> DR. SEUNG ANI HUI
MBBS (Singapore) |
| <input type="checkbox"/> LIFELINE NEIGHBOURHOOD MEDICAL CLINIC
BLK 280, BUKIT BATOK EAST AVE. 3, #01-333, SINGAPORE 650280 TEL: 6567 8316 | <input type="checkbox"/> DR. SEUNG ANI HUI
MBBS (Singapore) |
| <input type="checkbox"/> LIFELINE PUNGGOL MEDICAL CLINIC
BLK 198, PUNGGOL FIELD, #02-01, SINGAPORE 620198 TEL: 6115 3428 | <input type="checkbox"/> DR. WONG WUI CHONG
MBBS (Singapore)
18 Years (Family Medicine) |
| <input type="checkbox"/> LIFELINE YISHUN KENG MEDICAL CLINIC
BLK 545, YISHUN KENG ROAD, #01-3015, SINGAPORE 760544 TEL: 6732 2017 | <input type="checkbox"/> DR. WONG WUI CHONG
MBBS (Singapore) |

Name :

Mohd Fudli Bin Ahmad

This is to certify that the abovenamed is unfit for duty from

17/3/20 to 18/3/20, two days, inclusive of today.

☐ Time in : ☐ Time out :

☐ Remarks :

Date 17/3/20

DR Bernard Cheong (Mr B.S. S'ore)
DOCTOR 65-03-1980

THIS DOCUMENT IS NOT VALID IF NOT A DEDUCTIBLE FROM COMPANY

Accident Photo



Accident Photo



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