

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	19/03/2020 11:52
Date Of Accident	17/03/2020 22:05
Exact Location Of Accident	TEBRAU HWY TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2986H
Insured/Policyholder	
Name Of Registered Owner	SA'ADIAH BINTE AHAT
NRIC No	SXXXX777E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93867971
Alternative Phone No	OFFICE-93867971

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 AUTO ABS AIRBAG SR 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	DMPCSNW00013812000
Cover Note Number	

Driver

Name of Driver	ABDUL MOIN BIN MAHMUD
NRIC No	SXXXX402D
Date Of Birth	01/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87545258
Fax Number	
Contact Number	OFFICE-87545258
Email Address	NOEMAIL

Address	BLK 492E TAMPINES STREET 45 #07-638
Postcode	525492
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : NORSHARIFAH BINTE SHAHARUDIN GENDER: : FEMALE
Passenger 2	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

ON STATED DATE AND TIME, AS I WANTED TO FILTER TO LANE 3 FROM LANE 2, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT. ALL THE VEHICLES WAS QUEUEING. THERE WAS A GAP ON LANE 3, I SLOWLY FILTER TO 3RD LANE AND STOPPED. VEHICLE B PROCEED FORWARD AND HIT ONTO MY STATIONARY VEHICLE LEFT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ3766Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KOK TIONG
NRIC/Passport Number	SXXXX909B

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

ABDUL MOIN BIN MAHMUD

BODY

SJV2986H

YES

NO

DETAILS OF INJURED PERSON 2

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

NORSHARIFAH BINTE SHAHARUDIN

BODY

SJV2986H

YES

NO

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

Teluk Ayer

X

B

A

A: JUV29861

B: JMJ37664

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to yesterday.

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.:

Medical Certificate

K.L. TAY CLINIC & SURGERY
Blk 632 Bedok Reservoir Road #01-822 Singapore 470632
Tel: 6448 1630

Medical Certificate

Date : 18 Mar 2020
MC No. : 0000008290

This is to certify that :

Name : NORSHAFIAH BINTE SHAHARUDIN
NRIC : S8324131D

is Unfit for work for 2 days
from 18/03/2020 to 19/03/2020 inclusive.


Dr Tay Kok Ling
K.L. TAY CLINIC & SURGERY
BLK 632 BEDOK RESERVOIR ROAD
#01-822, SINGAPORE 470632
TEL: 6448 1630

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Medical Certificate

K.L. TAY CLINIC & SURGERY
Blk 632 Bedok Reservoir Road #01-822 Singapore 470632
Tel: 6448 1630

Medical Certificate

Date : 18 Mar 2020
MC No. : 0000008288

This is to certify that :

Name : ABDUL MOIN BIN MAHMUD
NRIC : S1762402D

is Unfit for work for 2 days
from 18/03/2020 to 19/03/2020 inclusive.

Dr Tay Kok Ling

K.L. TAY CLINIC & SURGERY
BLK 632 BEDOK RESERVOIR ROAD
#01-822, SINGAPORE 470632
TEL: 6448 1630

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

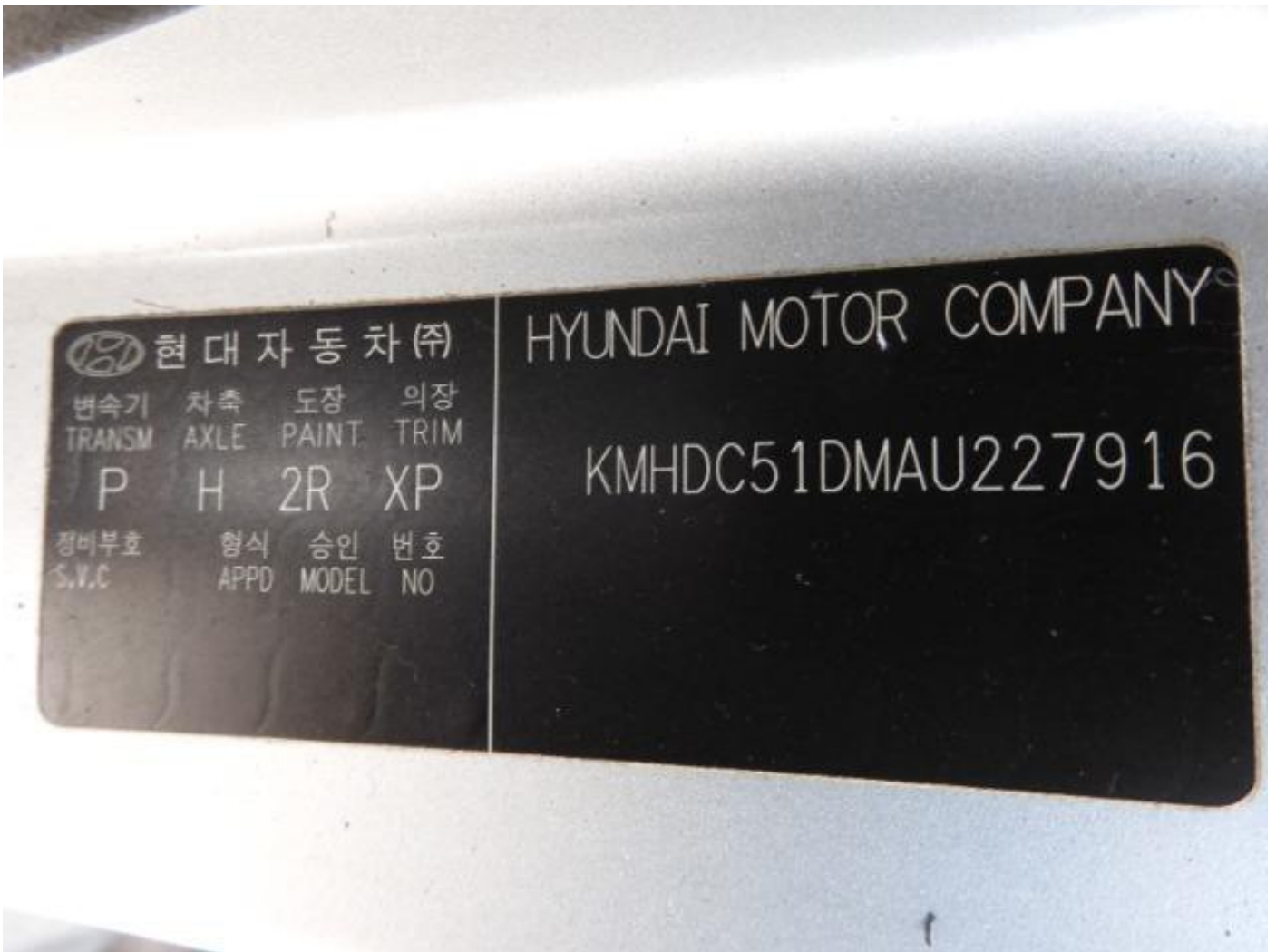


Accident Photo



Accident Photo





Accident Photo

