

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 ability
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 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	28/04/2016 18:01
Date Of Accident	27/04/2016 21:50
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA6450T
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Insured/Policyholder

Name Of Registered Owner	PILOT NETWORK PTE LTD
Co Reg No	201537660N
Email Address	pilotnetwork.sg@gmail.com
Mobile Phone No	
Alternative Phone No	Office-86851228

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 C11 (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	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	DMHCSN1556231500
Cover Note Number	

Driver

Name of Driver	ARUJUN S/O SAMINATHAN
NRIC No	S8718649J
Date Of Birth	23/06/1987
Occupation	Outdoor
Date Of Driving Pass	18/12/2008
Driving Experience	7 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-91426240
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 342B YISHUN RING RD #07-1924
Postcode	762342
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - REFER TO SKETCH PLAN
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

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 ABOVE MENTIONED DATE/TIME, I WAS TRAVELLING ALONG PIE TWDS TUAS. TRAFFIC WAS HEAVY. I NOTICED THE VEHICLE IN FRONT SLOWING DOWN. I SLOWED DOWN AS WELL. THE VEHICLES IN FRT CAME TO A STOP GRADUALLY & I ALSO STOPPED. A WHILE LATER, I FELT AN IMPACT AT THE REAR. I ALIGHTED FROM MY VEHICLE TO CHECK. I REALIZED VEH N HAD COLLIDED INTO MY REAR.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4950S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SHOURAV TANRIR RAHMAN
NRIC/Passport Number	S8870760E
Contact Number	91005140
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness



Name	
Phone Number	
Email Address	

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.

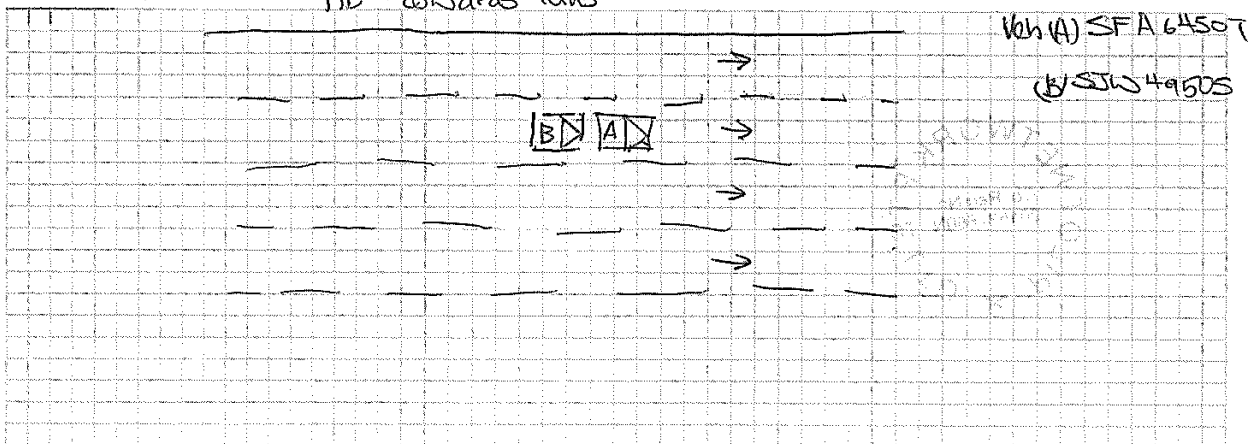
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time _____ Driver's Signature (If driver is not the policyholder) / Date & Time _____

Witnessed by Reporting Centre Personnel _____

Sketch Plan



Sketch Plan Pg.2


Describe Circumstances of the Accident

On above mentioned date / time, I was travelling along PIE t/w Tuo.
~~##~~ Traffic was heavy. I noticed the vehicle in front slowing down.
 I slowed down as well. The vehicles in front came to a stop gradually
 and I also stopped. A while later, I felt an impact at the rear. I
 alighted from my vehicle to check. I realized van B had collided
 into my rear.

Declaration

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

I/We declare the foregoing particular



Policyholder's Signature / Date &
Time

W. R. R.

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

- ☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose

Policy No. _____

Insurer	Veh.No.
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Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

