

## 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	29/08/2020 15:11
Date Of Accident	28/08/2020 19:30
Exact Location Of Accident	BKE (SLE) BEFORE SLE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1714U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHAIRUL HAZIM BIN SHAFUDDIN
NRIC No	SXXXX768G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97710308
Alternative Phone No	OFFICE-97710308
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	TL TUCSON 2.0 GLS AT 2WD SR (EPB)
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	DMPCSNA00014532001
Cover Note Number	

### Driver

Name of Driver	KHAIRUL HAZIM BIN SHAFUDDIN
NRIC No	SXXXX768G
Date Of Birth	22/06/1990
Occupation	INDOOR
Date Of Driving Pass	10/11/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97710308
Fax Number	
Contact Number	OFFICE-97710308
EEmail Address	NOEMAIL

Address	BLK 782D WOODLANDS CRESCENT #11-345
Postcode	734782
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	5
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)	4
Passenger 1	NAME: : SITI AISHAH GENDER: : FEMALE
Passenger 2	NAME: : HASNAH GENDER: : FEMALE
Passenger 3	NAME: : MUHAMMAD NUR ANIQ GENDER: : MALE

#### 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	PA9969B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMD9740M  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBF3866T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLF7505R  
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 KHAIRUL HAZIM BIN SHAIFUDDIN  
Approximate Age  
Injuries Sustain BODY

Injured person in which vehicle?	SLA1714U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	SITI AISHAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA1714U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	HASNAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA1714U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	MUHAMMAD NUR ANIQ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA1714U
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.

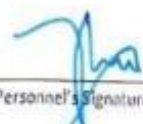
  
Policyholder's Signature

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

VEHICLE :

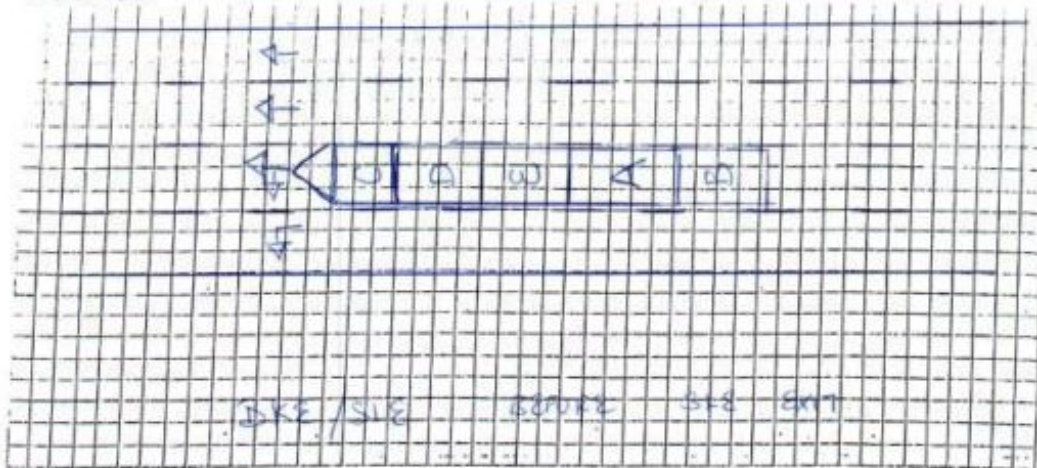
A: SLA 1714U

B: PA991615

C: SMD9740M

D: GBF 38667

E: SLF 7505R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELING AT THE EXPRESSWAY. WHEN I WAS TRAVELING QUITE A DISTANCE FROM THE FRONT VEHICLE "E". ALL OF A SUDDEN VEHICLE "E" COLLIDED ONTO HIS FRONT VEHICLE. I BRAKED AND CAME TO A STOP WITH A CAR DISTANCE. IN A FEW SEC LATER VEHICLE "B" COLLIDED ONTO MY VEHICLE AND PUSHED MY VEHICLE FORWARD AND COLLIDED ONTO VEHICLE "E". AFTER THE ACCIDENT, MY FAMILY AND I FELT UNWELL AND WENT TO CONSULT DOCTORS.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

bill  
Policyholder's Signature  
Date & Time:

2018/01/01 10:00 AM

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

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



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





HYUNDAI MOTOR COMPANY  
KMHJ3813MGU173450  
PLANT 5

현대자동차 (Hyundai Motor Company)  
엔진 (Engine) 25G TRY  
도장 (Paint) PAINT  
외장 (Trim) TRIM  
모델 번호 (Model No.) 25G TRY



Accident Photo

