

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 Submission 01/09/2020 17:03 (SGT)
Date of Accident 28/08/2020 07:20 (SGT)
Exact Location of Accident ALONG SLIP RD FROM SEMBAWANG DR TWDS SEMBAWANG AVE
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK3352H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PENGURUSAN JENAZAH SINARAN BAHARU PTE LTD
Company Reg No 201434104R
Email Address INFO@PJSB.SG
Mobile Phone No -
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model HIACE 3.0 D (M)
Variant -
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 - Reporting only
Vehicle Category Goods vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00044072000
Cover Note Number -

DRIVER

Name of Driver RAJA ASHRAF BIN RAJA KHALIF
NRIC No S8615309B
Date Of Birth 22/05/1986

Occupation	Outdoor
Date Of Driving Pass	30/01/2007
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Office) +65-96520452
Alt. Phone Number	-
Email Address	RAJA.ASHRAFF@PJSP.SG
Address	APT BLK 468C ADMIRALTY DRIVE #08-11
Address complement	-
Postcode	753468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1	FBG2767Y
Insurance Company of Other Vehicle Owned by Driver 1	NTUC
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN9429K
Vehicle Manufacturer	-
Vehicle Model	TOYOTA NOAH SILVER COLOUR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	BENEDIX LEE KE YOU
NRIC No	S7213871F
Contact Number	(Phone) +-82380230
Address	APT BLK 107A CANBERRA ST #12-561
Address complement	-
Postcode	751107
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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.

**PENGURUSAN JENAZAH
SINARAN BAHARU PTE LTD**

537 BEDOK NORTH ST.3
#01-557 S'PORE 460537

www.diaib.sg info@pisb.sg
Policy Order Signature
INSURERS 8871 8799

Date & Time:

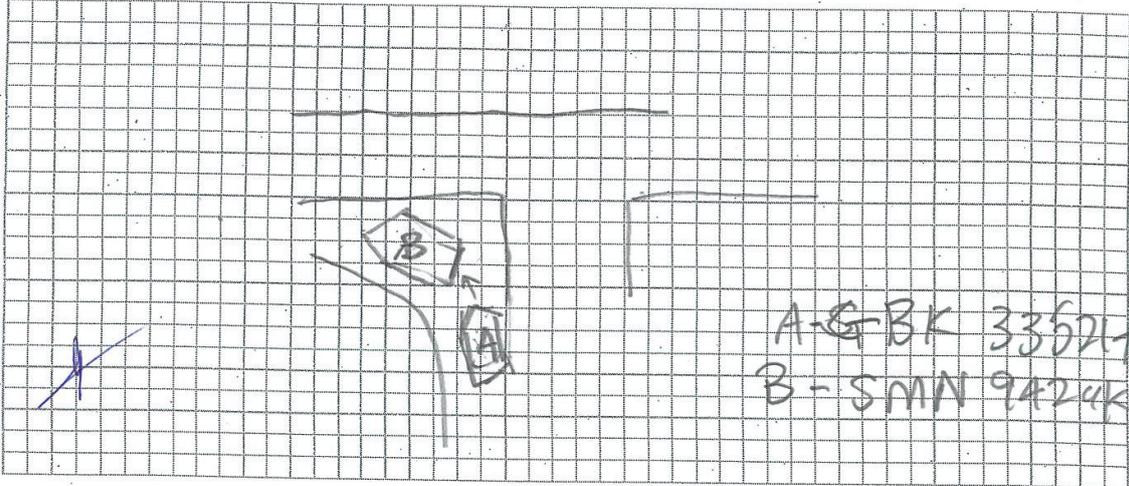
 1/9/2020 16:35 hrs

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 Aug 2020, at abt 0720hrs I was driving
 towards ~~Sch~~ along Sembawang Ave and
 making a left turn to Sembawang Ave.
 On the slip road, Car B had stopped
 and hesitated on moving off, which
 eventually caused me to collide into
 its rear.

DECLARATION

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

PENGURUSAN JENAZAH
 SINARAN BAHARU PTE LTD
 537 BEDOK NORTH ST 3
 #01-557 S'PORE 460537
 www.pjsb.sg info@pjsb.sg
 POLICYHOLDER'S SIGNATURE
 24 HOURS 6877 8799

Date & Time:

GIARMIC SketchPlanForm_V3

[Signature] 1/9/2020 1635hrs

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



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

























CHASSIS NO : GDH2012011286
U.W. : 1800 KG
M.L.W. : 3205 KG
PASS. CAP. : 02
TYRE SIZE : F.195/80R-15
 : R.195/80R-15(S)





