

## 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	01/09/2020 14:06
Date Of Accident	31/08/2020 17:30
Exact Location Of Accident	ALONG KJE TOWARDS BKE (WOODLANDS) EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8992Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANNY S/O ALEXANDER GASPER
NRIC No	S2548989F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96770820
Alternative Phone No	OFFICE-96770820

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00078432001
Cover Note Number	

### Driver

Name of Driver	DANNY S/O ALEXANDER GASPER
NRIC No	S2548989F
Date Of Birth	23/04/1958
Occupation	INDOOR
Date Of Driving Pass	18/02/1987
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96770820
Fax Number	
Contact Number	OFFICE-96770820
EEmail Address	NOEMAIL

Address	BLK 176 #02-735 ANG MO KIO AVE 4 S(560176)
Postcode	
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	3
Was any body injured in the Accident?	NO
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)	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

refer attached report.

#### 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	GBE7712H
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 2

Vehicle Registration Number	GBC5635X
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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)

# **SKETCH PLAN**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

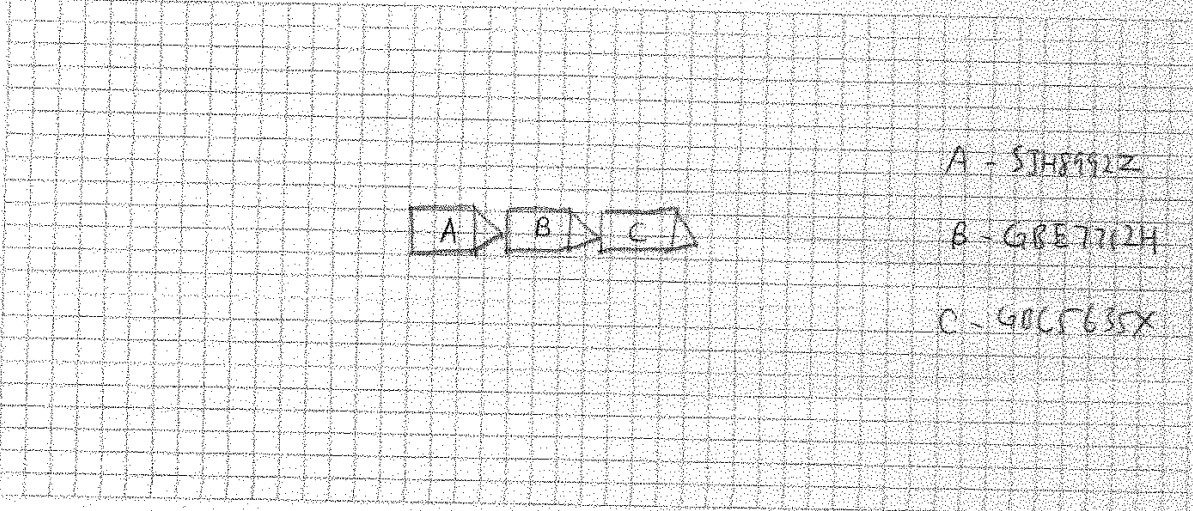
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 01 Sep 2020 0930hrs

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01 Sep 2020 0930hrs

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

**SKETCH PLAN**



A - SJH8192Z  
B - GRE7712H  
C - 90C5635X

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along KJE towards BKE (Woodlands) Exit, the traffic was heavy and all the vehicle was moving slowly. All of a sudden, the front vehicle B applied ~~vehicle~~ emergency brake but I could react on time thus colliding into the rear portion of his lorry. When I alighted my vehicle, I realised it was a chain collision.

**DECLARATION**

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

*M. Rany*  
Policyholder's Signature

Date & Time: 07 Sep 2020 0930hrs

GIARNEC SketchPlanForm\_V3

*M. Rany*  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 07 Sep 2020 0930hrs.


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


# Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2548989F



Name: DANNY S/O ALEXANDER GASPER  
Race: FILIPINO  
Date of Birth: 23-04-1958 M  
Country of Birth: PERAK


REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number: S2548989F  
Name: DANNY S/O ALEXANDER GASPER  
Birth Date: 23 Apr 1958  
Issue Date: 04 Apr 2006

001410231F

2182312



S2548989F



Issue Date: 02-07-1994

APT BLK 176 ANG MO KIO AVENUE 4 #02-735  
SINGAPORE 560176  
NRIC No: S2548989F Date: 28-06-2001 No: 3701750


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars=<3000kg with=<7 passengers, exclusive of the driver, and other motor vehicles =<2500kg 15 Feb 1987

NP 428A

Licence No: S2548989F





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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