

# 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 ..... 28/12/2020 18:48 (SGT)  
Date of Accident ..... 26/12/2020 19:40 (SGT)  
Exact Location of Accident ..... 129 Bishan Street 12, Singapore 570129  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YM9241Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... QUAN JI CONSTRUCTION PTE LTD  
Company Reg No ..... 1XXXXX458C  
Email Address ..... iamchee@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-86789049  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fe83beosrdea  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... DMCVSN30826219000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HOSSEN MOHAMMAD SOHAG  
Passport No/FIN ..... GXXXX884P  
Date Of Birth ..... 20/11/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/07/2019
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86789049
Alt. Phone Number .....	-
Email Address .....	iamchee@singnet.com.sg
Address .....	200 JALAN SULTAN
Address complement .....	#12-01 TEXTILE CENTRE
Postcode .....	199018
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	13
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### PASSENGER 2

Name .....	-
Gender .....	Male

#### PASSENGER 3

Name .....	-
Gender .....	Male

#### PASSENGER 4

Name .....	-
Gender .....	Male

#### PASSENGER 5

Name .....	-
Gender .....	Male

#### PASSENGER 6

Name .....	-
Gender .....	Male

#### PASSENGER 7

Name .....	-
Gender .....	Male

#### PASSENGER 8

Name .....	-
Gender .....	Male

## PASSENGER 9

Name ..... -  
 Gender ..... Male

## PASSENGER 10

Name ..... -  
 Gender ..... Male

## PASSENGER 11

Name ..... -  
 Gender ..... Male

## PASSENGER 12

Name ..... -  
 Gender ..... Male

## 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

## 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 ..... SBS8537S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... HOSSEN MOHAMMAD SOHAG  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... YM9241Y  
 Were seat belts worn? ..... Yes

Was this injured conveyed to hospital by ambulance? ..... No



## SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

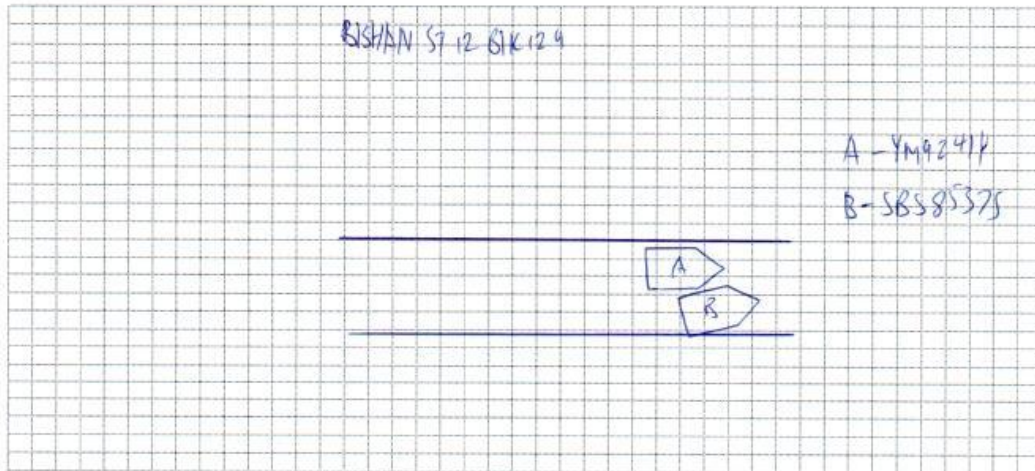
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN:

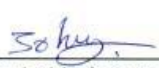





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY ALONG BISHAN STREET 12 BLK 129 PICKING MY COLLEAGUE. SUDDENLY VEHICLE B HIT THE FRONT RIGHT PORTION OF MY VEHICLE.

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.:
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