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 witholding 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	29/01/2021 15:12 (SGT)
Date of Accident	28/01/2021 17:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWRDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7981M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD YADZID BIN MOHAMED
NRIC No	SXXXX456I
Email Address	aansyazani@gmail.com
Mobile Phone No	(Phone) +65-92229749
Alternative Phone No	+65-86110255

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE 1.0X CVT 2WD
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	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW0008817200
Cover Note Number	-

DRIVER

Name of Driver	NOORAN SYAZANI BIN MOHAMAD YADZID
NRIC No	SXXXX174E
Date Of Birth	23/12/1997
Occupation	Outdoor

Date Of Driving Pass	16/04/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92229749
Alt. Phone Number	-
Email Address	aansyazani@gmail.com
Address	BLK 249 CHOA CHU KANG AVENUE 2 #09-478
Address complement	-
Postcode	680249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ARAVIN PRASAD NICHOLAS S/O THA
Gender	Male

PASSENGER 2

Name	QAYYUM AGMAR BIN YUSPAWIRA
Gender	Male

PASSENGER 3

Name	SYED NURUDDIN BIN NASER ALKAFF
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

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6967G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	NOORAN SYAZANI BIN MOHAMAD YADZID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY, NECK AND SHOULDER PAIN
Injured person in which vehicle?	SMT7981M
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.

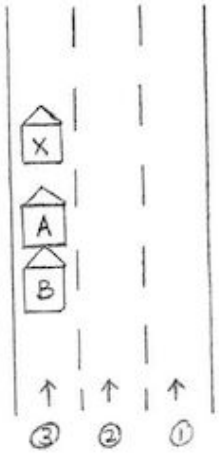
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	29/01/2021 Witnessed by Reporting Centre Personnel

Sketch Plan



A= SMT 7981M
B= YM 6967G

PIE towards Tuas (before Jurong Town Hall Road Exit 31)

Describe Circumstances of the Accident

Refer to attached

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

21/01/2021

Witnessed by Reporting Centre Personnel

On 28.01.2021 at about 17:30 hours along PIE towards Tuas (before Jurong Town Hall Road Exit 31). I was travelling straight slowly on lane 3 at the above mentioned location and when the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 3 passengers in my vehicle (A).

Vehicle (A): SMT 7981M

Vehicle (B): YM 6967G

29/01/2021

RAIZE

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

DAIHATSU MOTOR CO.,LTD. JAPAN
TYPE 5BA-A200A-GBLV
CHASSIS No A200A-0014182
ENGINE 1KR-VET 996 cc
COLOR R67 TRIM FC20
ENGINE No