

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 19/02/2021 18:32 (SGT)
Date of Accident 18/02/2021 20:00 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TWDS TAMPINES
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT9341H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED FADILAH BIN AHMAD FAJARI
NRIC No SXXXX742A
Email Address fudeel01@gmail.com
Mobile Phone No (Phone) +65-92732853
Alternative Phone No +65-92732853

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00161552000
Cover Note Number -

DRIVER

Name of Driver MOHAMED FADILAH BIN AHMAD FAJARI
NRIC No SXXXX742A
Date Of Birth 05/07/1982
Occupation Indoor

Date Of Driving Pass	16/07/2009
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92732853
Alt. Phone Number	+65-92732853
Email Address	fudeel01@gmail.com
Address	BLK 212A PUNGGOL WALK
Address complement	#10-729
Postcode	821212
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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

PLS REFER TO THE ATTACHED 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	SLV1925S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIEW CHIAN BAN
Contact Number	(Phone) +65-82786866
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
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.

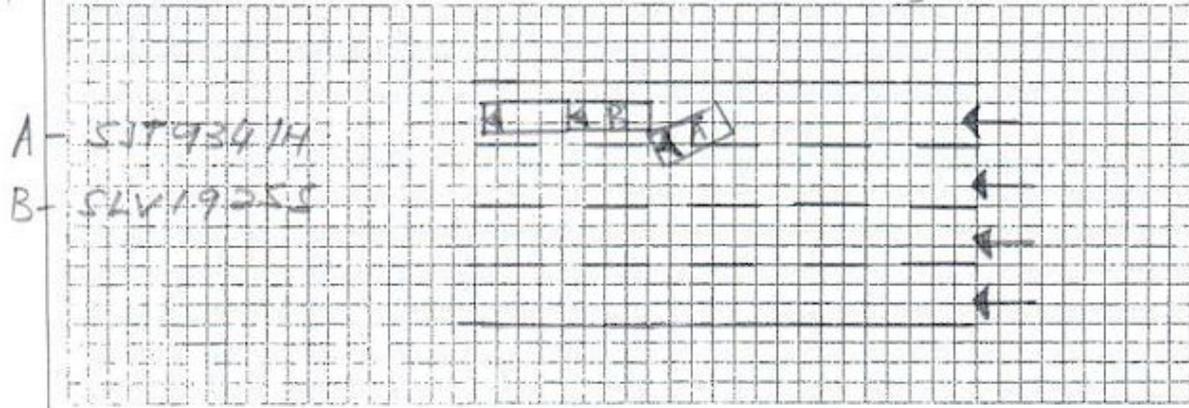
[Signature]
 19/02/21
 Policyholder's Signature / Date & Time

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 19/02/21
 Witnessed by Reporting Centre Personnel

Sketch Plan

TPE SWDS CAMPINES



Describe Circumstances of the Accident

I was driving towards Tampines on TPE on the 1st lane (extreme right). I saw an accident that had already happened up ahead on the same lane. I slowed down and stopped and signalled to get out of that lane. As I was slowly coming out my right front bumper grazed with the ~~front~~ front vehicle's left rear bumper.
(SLV19255)

Declaration

We declare the foregoing particulars are true in every respect.

 1750hrs.
19/2/21

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

 19/02/21

Witnessed by Reporting Centre Personnel









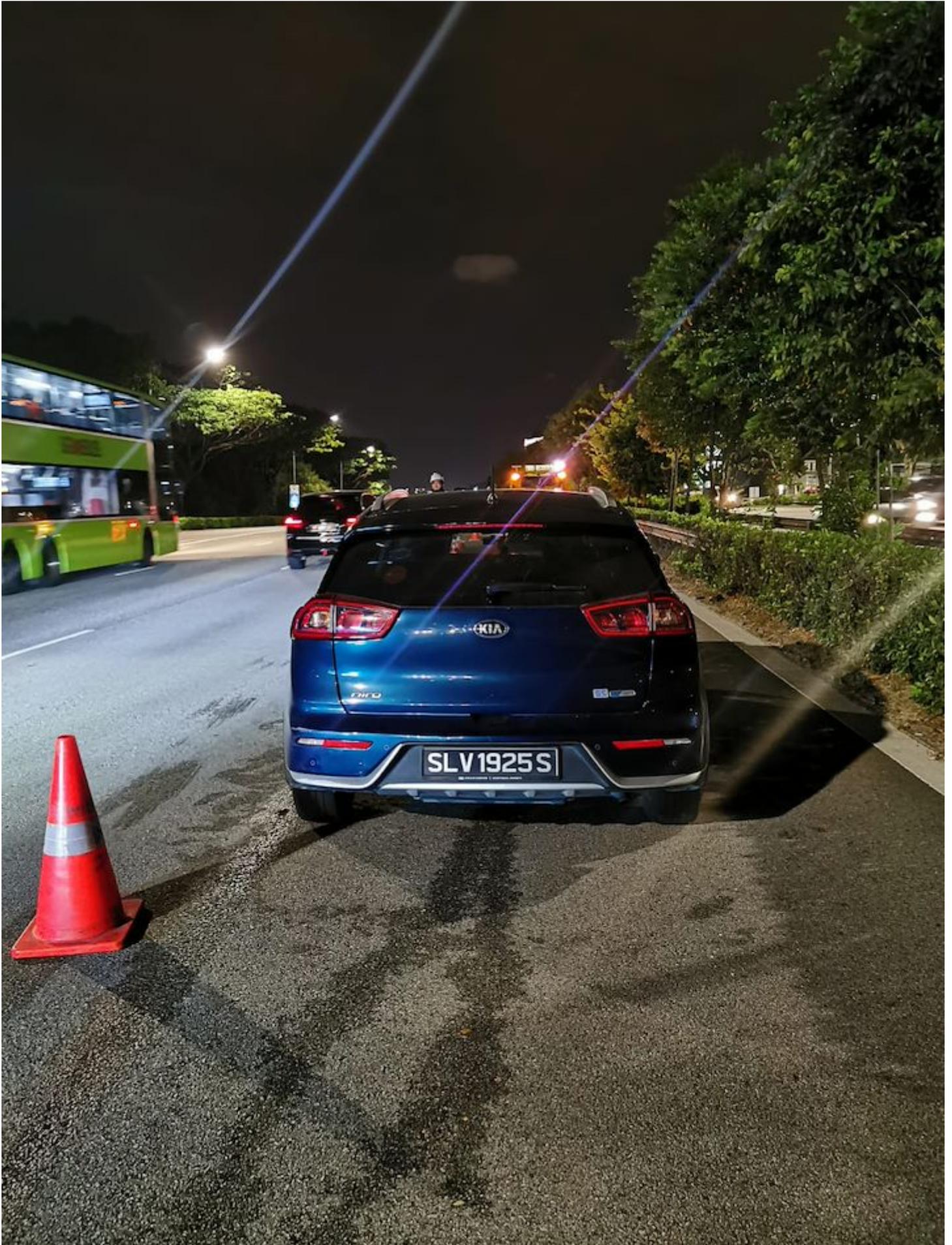
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09212J000H Vehicle Registration No: SJT954111
 Name (as shown in NRIC) : MOHAMED FADIKAH BIN AHMAD FAJARI NRIC/FIN/Passport No : SXXXX742A
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
 Address : BLK 212A PUNGGOL WALK #10-729 Singapore (821212)
 Contact (Tel) : _____ Mobile No. : 92732853
 Email Address : _____
 Date of Accident : 18/02/21 Time of Accident : 20:00
 Place of Accident : TRE TWAS DAMPAINES
 Insurance Company: CHINA FAIRING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICY NO

 Policyholder / Driver's Signature
 Date:

Slym 19/02/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: