

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	17/05/2021 15:10 (SGT)
Date of Accident	15/05/2021 16:30 (SGT)
Exact Location of Accident	Bukit Panjang Rd, Singapore
Additional Location Information	NEAR HAWKER CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9475A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORAZUAN BIN MOHD NOR
NRIC No	SXXXX716D
Email Address	RAZUAN8787@GMAIL.COM
Mobile Phone No	(Phone) +65-91862331
Alternative Phone No	+65-91862331

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00051802100
Cover Note Number	-

DRIVER

Name of Driver	NORAZUAN BIN MOHD NOR
NRIC No	SXXXX716D

Date Of Birth	08/03/1987
Occupation	Indoor
Date Of Driving Pass	15/12/2017
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91862331
Alt. Phone Number	+65-91862331
Email Address	RAZUAN8787@GMAIL.COM
Address	BLK 141 PETIR RD
Address complement	#02-266
Postcode	670141
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EMMY NAZRA
Gender	Female

PASSENGER 2

Name	ADDITTYA
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

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	SLH9511Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

IMPORTANT NOTICE

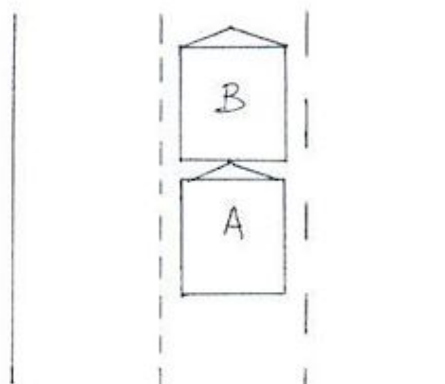
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

Wong 17 MAY 21
Policyholder's Signature / Date & Time

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

sfym 17/05/21
Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMS9475A
B = SLH9511Z

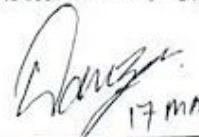
ALONG BUKIT PANJANG RD
NEAR HAWKER CENTRE

Describe Circumstances of the Accident


On the above date, time and location. I WAS TRAVELLING ALONG
 BUKIT PANJANG ROAD INTENDING TO GO TO BKE. TRAFFIC AT THAT MOMENT WAS
 SMOOTH AND CLEAR. AFTER PASSING THE TRAFFIC LIGHT JUNCTION, THE VEHICLE
 IN FRONT OF ME WITH BEARING VEHICLE NO SLH 9511Z WAS DRIVING IN BETWEEN OF
 TWO LANES. I ASSUMED HE HAD WANTED TO CHANGE LANE. HOWEVER, ABRUPTLY
 VEHICLE NO SLH 9511Z SUDDENLY MAKE A SUDDEN STOP. I TRIED TO BRAKE HARD
 TO AVOID THE COLLISION HOWEVER THE CAR STILL MOVE FORWARD.

Declaration

We declare the foregoing particulars are true in every respect.


 17 MAY 21
 Policyholder's Signature / Date &
 Time

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


 17/05/21
 Witnessed by Reporting Centre
 Personnel























