

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 01/12/2021 11:24 (SGT)
Date of Accident 01/12/2021 08:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX2054L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NURSHAZWANI ASHIKIN BINTE NORRAHIM
NRIC No S8535225C
Email Address ASHIKIN.NORRAHIM@GMAIL.COM
Mobile Phone No (Phone) +65-88085839
Alternative Phone No +65-88085839

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00104482101
Cover Note Number -

DRIVER

Name of Driver ZAINUL ARIFFIN BIN SHARIFF
NRIC No S9046696H

Date Of Birth	08/12/1990
Occupation	Indoor
Date Of Driving Pass	05/08/2021
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88085839
Alt. Phone Number	-
Email Address	ASHIKIN.NORRAHIM@GMAIL.COM
Address	BLK 853 JURONG WEST STREET 81
Address complement	#04-327
Postcode	640853
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 vehicle 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

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	SDJ644S
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

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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

Witnessed by Reporting Centre Personnel

Sketch Plan

										<p>A: SJX 2054L</p> <p>B: SDJ 644S</p> <p>PIE Towards</p> <p>Changi before</p> <p>Lotnie Exit</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE towards Changi before Lornie Exit at extreme right lane of 7 lanes.

The traffic at that point of time was very heavy. Vehicles were moving and stopping intermittently.

As the car in front of me slow down to a stop and I also followed suit.

Suddenly, I felt an impact.

Vehicle B collided into the rear portion of my vehicle and caused damages.

After the accident, I alighted and driver "B" admitted his fault and exchanged particulars.

[Handwritten signature]

DECLARATION

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

[Handwritten signature]

Policyholder's Signature
Date & Time:

[Handwritten signature]

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

[Handwritten signature] 01/12/2021

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