

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.

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 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 13/01/2022 15:53 (SGT) Date of Accident 12/01/2022 15:40 (SGT) Exact Location of Accident Victoria St, Singapore Additional Location Information JUNCTION WITH JALAN SULTAN Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL1924X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner MUHAMMAD NOOR AZWAD BIN RAFIE

NRIC No. SXXXX605C

Email Address anarchy66657@gmail.com Mobile Phone No (Phone) +65-88156407

Alternative Phone No +65-93508096

VEHICLE PARTICULARS

Manufacturer Honda Model Stream

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 1799

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNW00240662101

Cover Note Number

DRIVER

Name of Driver RAFIE BIN NOOR NRIC No. SXXXX967J

Date Of Birth 16/08/1972 Occupation Indoor Date Of Driving Pass 28/09/1995 Driving experience 26 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93508096 Alt. Phone Number Email Address anarchy66657@gmail.com Address BLK 622 YISHUN RING ROAD #06-3178 Address complement Postcode 760622 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SJH3664D

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 KAM JIA HOW

 Passport No/FIN
 GXXXX097W

 Contact Number
 (Phone) +65-82449988

 Address



Address complement	_
Postcode	-
nsurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

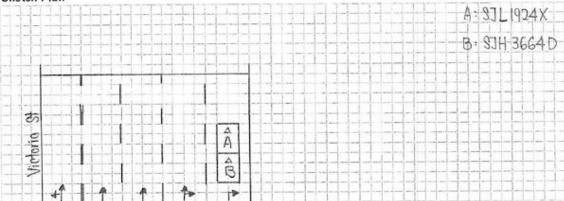
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



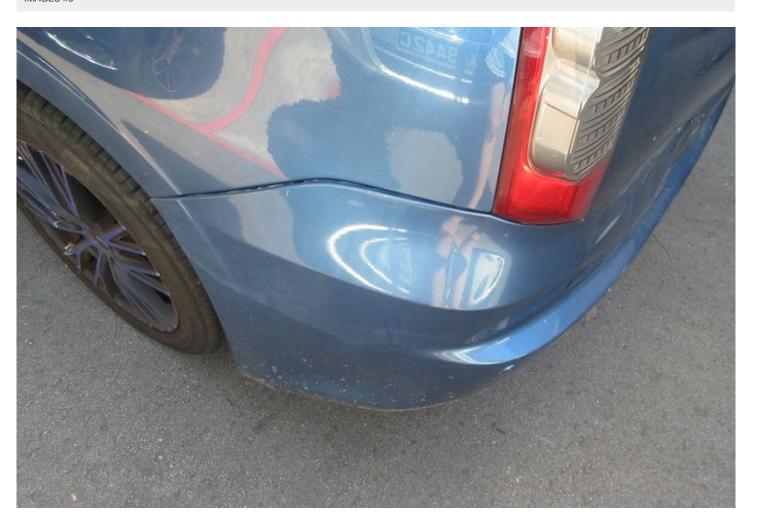
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Laurba	older's S	ignature / Date &	Driver's Signatu	e (If driver is	not the notice!	older) / De	to Mile	essed by Re	porting Cor	tra





























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: \$66550020G / GST Reg. No.: M400017735

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

		ADDEN	IDUM					
A)	PARTICULARS OF PERS	ONMAKINGTHEAMENDME	NTS:					
	Original Report No :_	SN08221D0003	Vehicle Registration	No: SJL 1924X				
	Name(as shownin NRIC) : N	Muhammad Noor Azwad Bin I	Rafie_NRIC/FIN/Passport N	o:S9515605C				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
	Address :_	BLK 622 Yishun Ring R	oad #06-3178	Singapore(760622)				
	Contact (Tel) :_		Mobile No.:	8815 6407				
	Email Address :_	anarchy6665						
	Date of Accident :_	12.01.2022	Time of Accident :	15:40pm				
	Place of Accident :	Junction Of Victo	ria Street and Jalan S	ultan				
	Insurance Company:	nceCompany: China Taiping Insurance (Singapore) Pte. Ltd.						
	/	1	/	/				
	<i>[6]</i>		1.11/	17/01/202				
	Policyholder / Driver's S Date:	ignature		Personnel's Signature				

GIARMC addendumform_V3