

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 15/02/2022 12:08 (SGT)
Date of Accident 13/02/2022 08:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG CTE EXIT TO BALESTIER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4047J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MUSICIS TRANSPORT SERVICES
Company Reg No 5XXXX683K
Email Address fareastsuccess@outlook.com
Mobile Phone No (Phone) +65-81857931
Alternative Phone No +65-94597141

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNW00012082100
Cover Note Number -

DRIVER

Name of Driver KHAIRUL ANUAR BIN MOHAMAD
NRIC No SXXXX831I

Date Of Birth	01/05/1969
Occupation	Outdoor
Date Of Driving Pass	02/02/1993
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-94597141
Alt. Phone Number	-
Email Address	fareastsuccess@outlook.com
Address	91 LORONG 3 TOA PAYOH
Address complement	#15-04
Postcode	310091
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	OFFICER
Gender	Male

PASSENGER 2

Name	OFFICER
Gender	Male

PASSENGER 3

Name	OFFICER
Gender	Male

PASSENGER 4

Name	OFFICER
Gender	Male

PASSENGER 5

Name	OFFICER
Gender	Female

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	SKU8789P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHAIRUL ANUAR BIN MOHAMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC4047J
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.

MUSICIS TRANSPORT SERVICES
91 LORONG 3 TOA PAYOH
#15-04, S (310021)

[Signature]

Policyholder's Signature / Date & Time

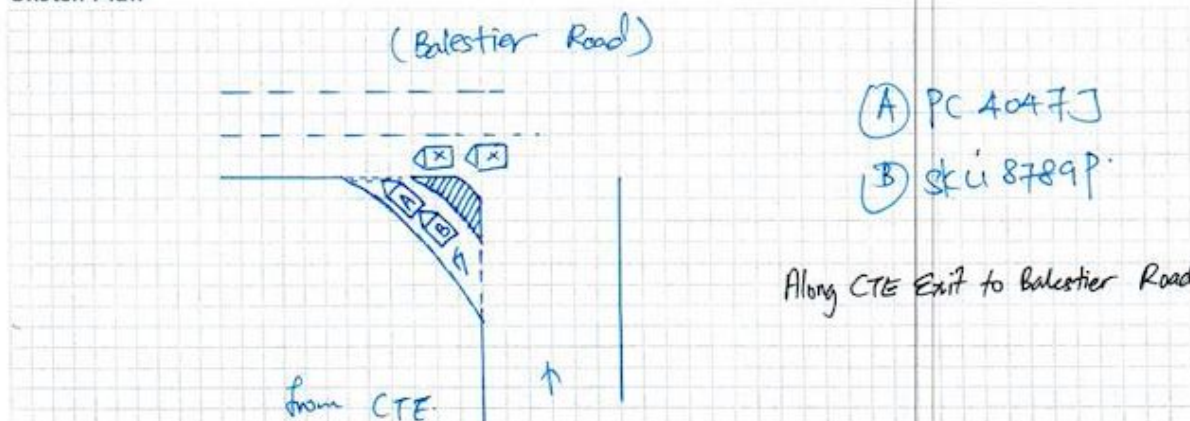
[Signature]

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

[Signature] 15/2/22

Witnessed by Reporting Centre Personnel

Sketch Plan



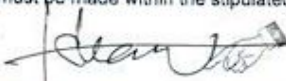
Describe Circumstances of the Accident

On 13-02-2022 at about 08:05hrs, I was driving (PC 4047J) along CTE with 5 passengers inside my bus. Upon reaching the slip road junction exit to Bakstler Road, I slow down and stop to check & give way to the oncoming traffic from major road. Out of sudden, I felt an impact come from behind & I realized that Veh. B (SKU 8789P) didn't stop in time and then collided onto rear portion of my bus. Due to the impact, I felt discomfort so I went to visited doctor and was given 2 days of MC. I will follow up my medical treatment if any necessary. Hence, I hereto lodge this report to claim against Veh. B (SKU 8789P)'s insurance for my accident damages.

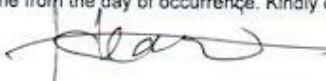
Declaration

We declare the foregoing particulars are true in every respect.

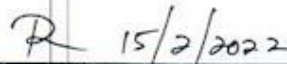
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date &
Time 15/2/22 - 1035 HR
MUSICIS TRANSPORT SERVICES
91 LORONG 3 TOA PAYOH
#15-04, S (310091)



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

 15/2/2022

Witnessed by Reporting Centre
Personnel





















