

## 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	26/07/2022 20:28 (SGT)
Reported by	Both
Date of Accident	11/07/2022 16:00 (SGT)
Exact Location of Accident	31 Teban Gardens Rd, Block 31, Singapore 600031
Additional Location Information	Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE5268A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IDRIS BIN ABDUL RAHMAN
NRIC No	S1194824C
Email Address	IDRISAR@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97818894
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	200e
Variant	MERCEDES BENZ / 200E AUTO
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	1997

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00094302000

#### DRIVER

Name of Driver	IDRIS BIN ABDUL RAHMAN
NRIC No	S1194824C
Date Of Birth	30/04/1956
Occupation	Indoor

Date Of Driving Pass .....	16/06/1981
Driving experience .....	41 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97818894
Alt. Phone Number .....	-
Email Address .....	IDRISAR@SINGNET.COM.SG
Address .....	BLK 242 SERANGOON AVE 3 #03-192
Address complement .....	-
Postcode .....	550242
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 .....	Collided into Parked Vehicle
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

ON 11/07/2022, I WAS DRIVING VEH A (SCE5268A) AND WAS REVERSING MY CAR INTO THE CARPARK LOT. BUT I UNDER STEERED MY CAR. THEREFORE MY CAR SLIGHTLY TOUCH ONTO VEH B (SGP9076E) FRONT BUMPER. BOTH DRIVERS AGREED TO PRIVATE SETTLEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGP9076E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

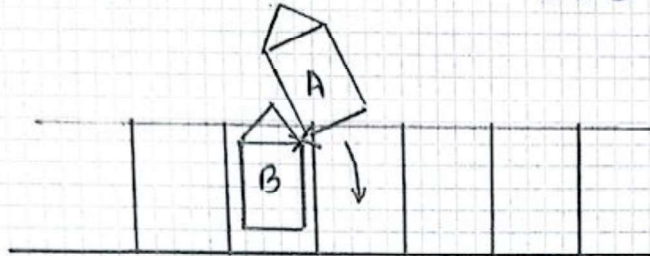
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

BLK 31 TERBAN GARDENS  
CAR PARK

VEH A = SCE5268A

VEH B = SCP9076E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/7/2022, I WAS DRIVING VEH A SCE 5268A AND WAS REVERSING MY CAR INTO THE CARPARK LOT. BUT I UNDER STEERED MY CAR. THEREFORE MY CAR SLIGHTLY TOUCHED ONTO VEH B SCP9076E FRONT BUMPER. BOTH DRIVERS AGREED TO PRIVATE SETTLEMENT.

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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



Policyholder's Signature  
Date & Time



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



Reporting Centre Personnel's Signature  
Name: RIMESN  
NRIC / Fin No:

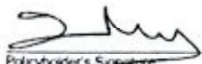


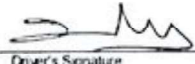
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- 8 **Consent under the Personal Data Protection Act (PDPA)**

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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders

  
Policyholder's Signature  
Date & Time

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

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















[View motion photo](#)