

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 Actual 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 20/01/2023 11:32 (SGT)
Reported by Driver
Date of Accident 12/01/2023 10:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information OPEN CARPARK OF BLOK 107 CHONG PANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PD4488P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KALAM TRAVEL & COACH PTE LTD
Company Reg No 2XXXXX054D
Email Address chong6217@gmail.com
Mobile Phone No (Phone) +65-97685416
Alternative Phone No -

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 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00014102200

DRIVER

Name of Driver JAPRI BIN JAFFAR
NRIC No SXXXX213D
Date Of Birth 27/09/1963
Occupation Outdoor

Date Of Driving Pass	13/01/1992
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-82540497
Alt. Phone Number	-
Email Address	chong6217@gmail.com
Address	APT BLK 118 YISHUN RING ROAD
Address complement	# 06-685
Postcode	760118
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	Side Swipe
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)	0
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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP712Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.
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.



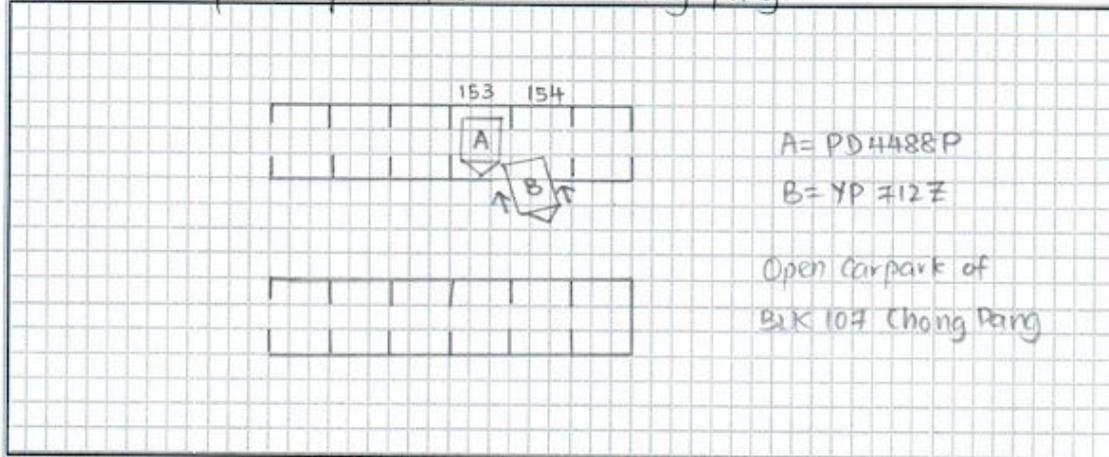
Policyholder's Signature / Date & Time

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

Witnessed by (Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

open carpark of BLK 107 chong pang



Describe Circumstance of the Accident

Refer to Attached

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

On 12.01.2023 at about 10:00 hours at Open Carpark of BLK 107 Chong Pang, I parked my vehicle (A) at the Carpark Lot No.153 and I left. On the same day at about 12:00 hours, when I returned to my vehicle (A), I saw there were damages on the front left hand side portion of my vehicle (A).

I retrieved out the SD Card and passed to my boss to review the video footage. Only then we realised on the same day (12.01.2023) at about 10:45 hours, it was vehicle (B) collided onto the front left portion of my vehicle (A) while reversing into the carpark lot next to me (Carpark Lot No. 154).

After we reviewed the video footage, my boss managed to find the person-in-charge of vehicle (B) and we agreed to proceed with insurance claims.

Vehicle (A): PD 4488P

Vehicle (B): YP 712Z

























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09231K0004 Vehicle Registration No: PD4488 P
 Name (as shown in NRIC): Jopri Bin Jaffar NRIC/FIN/Passport No: S1572213D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Blk 118 Yishun Ring Road # 06-685 Singapore (760118)
 Contact (Tel): _____ Mobile No.: 8254 0497
 Email Address: chong6217@gmail.com
 Date of Accident: 12/01/2023 Time of Accident: 10:45
 Place of Accident: Open Carpark of Blk 107 Chong Peng
 Insurance Company: China Teiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Details of Vehicle property 1 - YP 712 Z

 Policyholder / Actual Driver's Signature
 Date:

Jopri Bin Jaffar 20/1/23
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: