# **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 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 15/02/2023 08:14 (SGT) Reported by Date of Accident 14/02/2023 07:05 (SGT) Exact Location of Accident Singapore Additional Location Information SLE TOWARDS AMK Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBC9333R** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner NETWORK EXPRESS COURIER SERVICES PTE LTD Company Reg No 1XXXXX663M Email Address network@networkcourier.com.sg Mobile Phone No (Phone) +65-84200866 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment** 

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNA00109002200

DRIVER

Name of Driver ABDUL RAHMAN BIN MOHAMED ARIB NRIC No SXXXX784F Date Of Birth 29/06/1961 Occupation Outdoor



Date Of Driving Pass 27/02/1990 Driving experience 33 YEARS Gender Male Mobile Number (Phone) +65-84200866 Alt. Phone Number Email Address network@networkcourier.com.sg Address APT BLK 204 MARSILING DRIVE Address complement # 03-208 Postcode 730204 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 on collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 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? Nο 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBC9559Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle

MUHAMMAD FAIZAL BIN ZULKIFLI

SXXXX568Z

Name of Driver

NRIC No

Contact Number	(Phone) +65-93258976
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	GBJ7275B - - -
Vehicle Category	Commercial vehicle
Name of Driver NRIC No	YEO TECK CHOON SXXXX576C
Contact Number	(Phone) +65-84941792
Address	(PHONE) +00-04941792
Address complement	-
Partie de	-
	-
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	ABDUL RAHMAN BIN MOHAMED ARIB
Gender	Male
Phone No	(Phone) +65-84200866
Address	APT BLK 204 MARSILING DRIVE
Address Complement	# 03-208
Post Code	730204
Approximate Age Years Old	-
Injuries Sustained	SHOULDER PAIN
Injured person in which vehicle?	GBC9333R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

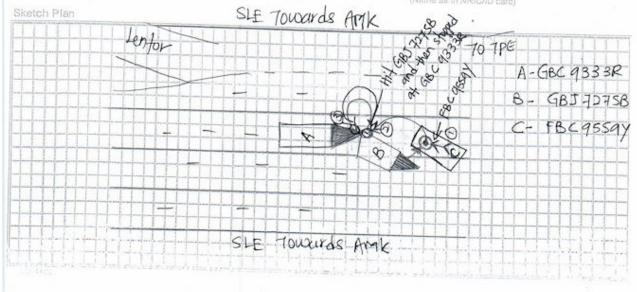
- Pleas €report correctly the details of the accident to speed up the claims process.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
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- 7. By the biggement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the reportibeing made available aforesaid.
- 8, Consert under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My lins are, 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(a) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shell 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ms;
- (iv) aufministering 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
- (V) complying with applicable law in administraing, 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, discloss 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 agenta raflaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Witnessed by



B was infront of brake and I hit to When Vehicle B little to right har chicle B and sto	work at the about the power and suddenly he rear left poor thies to avoid the pped right intront	vehicle B put tion of vehicle the motorcycle bike got skid	heavily. Vehicle on emergence B and swift a ded and hit But my vehicle	cle 3
and not hit the E	like just the Bike	. hit my front	number plat	e
			x 3	
eclaration Ve declare the grapping particulars a	re true in every respect.		<b>a</b> 0	
illoyholder's Signature / Date & Time	Actual Driver's Signature (if driver is / Date & Time	not the policyholder) Whese (Mame	sed by Reporting Centre Per	0 2 2023 Sonnel















