

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 28/06/2023 11:43 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 27/06/2023 08:30 (SGT)
Exact Location of Accident 522 Hougang Ave 6, Block 522, Singapore 530522
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC2950M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD FADHILL BIN ABDUL HAMID
NRIC No SXXXX030G
Email Address dalemainoi@gmail.com
Mobile Phone No (Phone) +65-90253632
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Yaris
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 Private hire
Transmission Auto
CC 1490

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNW00007212300

DRIVER

Name of Driver MUHAMMAD FADHILL BIN ABDUL HAMID
NRIC No SXXXX030G
Date Of Birth 11/03/1987
Occupation Outdoor

Date Of Driving Pass	23/09/2016
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90253632
Alt. Phone Number	-
Email Address	dalemainoi@gmail.com
Address	BLK 101D PUNGGOL FIELD #02-450
Address complement	-
Postcode	824101
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	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)	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

PLEASE REFER TO SKETCH PLAN

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	SLL5915Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG GWEK LIAN

NRIC No	SXXXX105Z
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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4. The view 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.**
6. This report will be forwarded by the insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and this report will for a fee be made available upon application by interested parties.
7. My acceptance of this report is the insurers' sole basis for consent to the recovery of their costs and to extent of the claim being made available (where applicable).

Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, acknowledge, agree and consent that:

(a) My insurer, my advisor and the General Insurance Association of Singapore (GIAS) may wish to collect, use, store, disclose, process or transfer my personal information referred to in this [Form] and any other personal information provided by me or generated by my system collectively the "Personal Information" and disclose and transfer such Personal Information in all instances; who have insured vehicles involved in the accident (all instances) who have insured vehicles involved in the accident shall be collectively referred to as the "Insurers"; the Insurers' lawyer-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 my settlement of the claim; and any ancillary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out under dealings with my insurer/law firm or responding to any enquiries by me;

(iv) administering the claim, including the handling of correspondence, statements, notices, 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 informal issue of environmental packages; and/or

(v) complying with applicable laws administering, processing, handling and/or dealing with my claims;

is collectively the "Purposes";

(b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' lawyer-law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

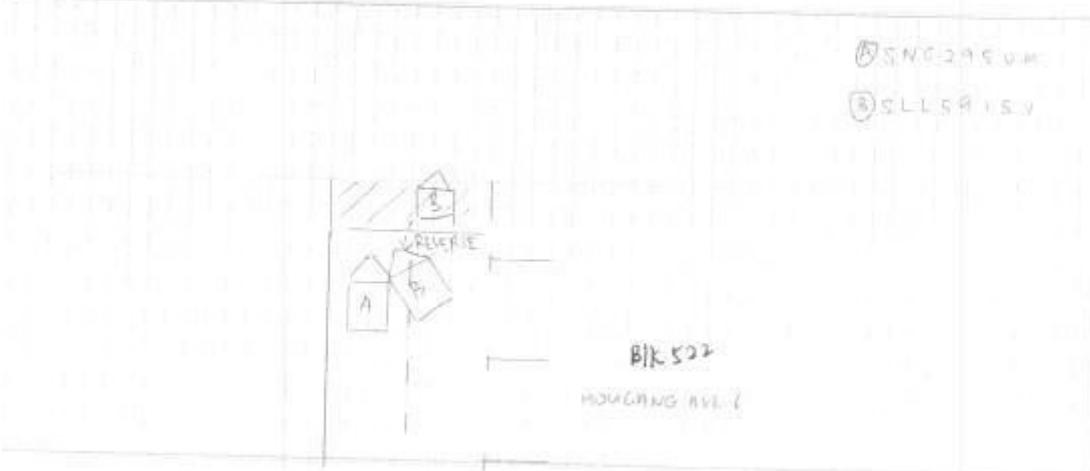
(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third-party service providers (if agent) including their lawyer-law firms, which may be used outside of Singapore, for one or more of the above Purposes.

[Signature]
 Insured's Signature (Date & Time)

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

[Signature] 28/06/2023
 Reported by Reporting Officer/Insured
 (Name as in IR 2009) (Date)

Sketch Plan



Discrete Circumstances of the Accident

STRAIGHT

I WAS TRAVELLING ALONG HONGKONG AVENUE 6
NEAR HIGH 523. SUDDENLY, VEHICLE B REVERSED INTO THE PARKING LOT
AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

Date

(This should be the Hong Kong date and time in every report.)

Date

Date

28/06/2023

















