

## 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 ability.
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 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 Report	03/03/2015 11:55
Date Of Accident	02/03/2015 19:10
Exact Location Of Accident	UPPER THOMSON ROAD / JALAN TODAK
Country/State Of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1169R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KIM HUA
NRIC No	S7028398J
Email Address	rxk3479@gmail.com
Mobile Phone No	(LOCAL) +65-97588008
Alternative Phone No	Others-97588008

### Vehicle Particulars

Manufacturer	JAGUAR
Model	X-TYPE-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSN3053731400
Cover Note Number	

### Driver

Name of Driver	TAN KIM HUA
NRIC No	S7028398J
Date Of Birth	24/08/1970
Occupation	Indoor
Date Of Driving Pass	27/04/1988
Driving Experience	26 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97588008
Fax Number	
Contact Number	Others-97588008
Email Address	rxk3479@gmail.com

Address	14 SERAYA CRESCENT
Postcode	575828
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Traffic Light Junction
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

On 2/3/2015 at 1910hrs, veh A was driving along Upp Thomson RD heading towards the junction of Jln Todak. As I reached the junction, veh B turned into Jln Todak without giving way. (Green light to my favour-photo attach) this resulting into an accident between veh A & veh B. Veh A tried to avoid the accident by pulling into Jln Todak but it was too sudden the accident cannot be avoid.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF7423G
Vehicle Make/Model/Colour	HONDA - YELLOW
Details Of Properties	
Name of Driver	KELVIN TAN WEI MING
NRIC/Passport Number	S9305923I
Contact Number	
Address	BLK48 LORONG 5 TOA PAYOH #15-105
Postcode	310048
Insurance Company Name	AXA Insurance Singapore Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	TAN KIM HUA
Approximate Age	44
Injuries Sustain	LEFT HAND, FINGER ETC
Injured person in which vehicle?	SJY1169R

Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	14 SERAYA CRESCENT
Postcode	575828

**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.

*[Signature]* 3/3/15 1145hrs

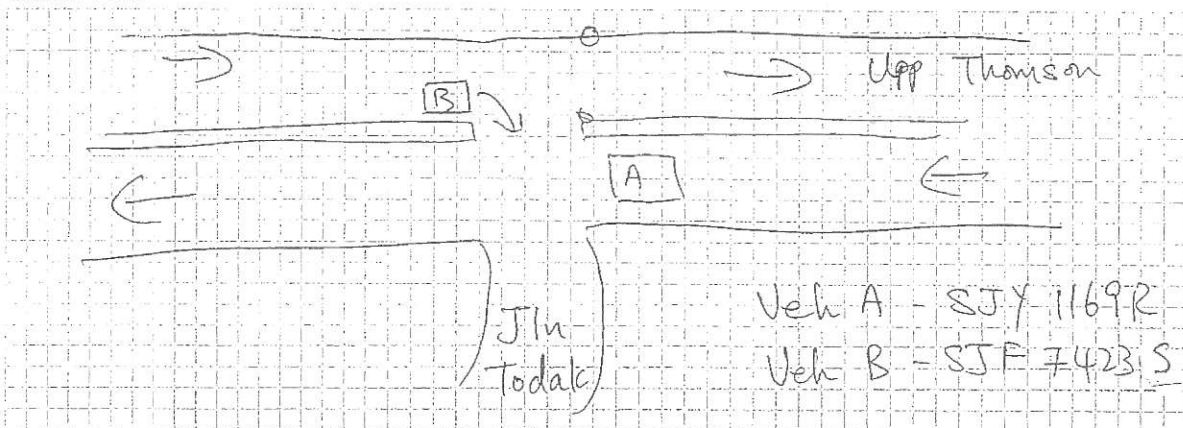
Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**



### Describe Circumstances of the Accident

On 2/3/15 at 1910 Hrs, Veh. A was driving along Wpp Thomson Rd heading towards the junction of Jln Todak. As i reached the junction, Veh. B turned into Jln Todak without giving way. (Green Light to my favour - photo attach) this resulting into an accident between Veh. A & Veh. B, Veh A tried to avoid the accident by pulling into Jln Todak but it was too sudden the accident cannot be avoided.

## Declaration

We declare the foregoing particulars are true in every respect.

3/3/15 1145 hrs

Policyholder's Signature / Date &  
Time

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

At

Witnessed by Reporting Centre  
Personnel