

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 29/09/2015 21:40
Date Of Accident 28/09/2015 17:30
Exact Location Of Accident ALONG SKE TWDS BKE (BEFORE YISHUN EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN256A
Insured/Policyholder
Name Of Registered Owner SAM HUI FANG
NRIC No S8614859E
Email Address SAMHUIFANG@GMAIL.COM
Mobile Phone No (LOCAL) +65-91471714
Alternative Phone No Office-91471714

Vehicle Particulars

Manufacturer HYUNDAI
Model SANTA FE-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident
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 DMPCSN3014881500
Cover Note Number

Driver

Name of Driver SAM HUI FANG
NRIC No S8614859E
Date Of Birth 05/06/1986
Occupation Indoor
Date Of Driving Pass 28/10/2008
Driving Experience 6 Years And 11 Months
Gender Male
Mobile Number (Local) +65-91471714
Fax Number
Contact Number Office-91471714
EMail Address SAMHUIFANG@GMAIL.COM

Address	46 JALAN JAMBU AYER
Postcode	588796
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- Head to Rear (TP Hit Insured)
Weather Conditions	Raining
Road Surface	Wet

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)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Thomson Neighbourhood Police Post
Police Station Address	ROAD: Blk 25 Sin Ming Road , POSTCODE: 570025 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

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

Vehicle Registration Number	MID59279
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JEFFREY CHUA WEI LIANG
NRIC/Passport Number	S9527010G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	KHOR CHAI POH
Phone Number	98161414
Email Address	

DETAILS OF INJURED PERSON 1

Name	SAM HUI FANG
Approximate Age	
Injuries Sustain	

Injured person in which vehicle?

Were seat belts worn?

Yes

Was injured conveyed to hospital by ambulance?

No

Address

Postcode

Sketch Plan Pg.1

SKETCH PLAN

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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.
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

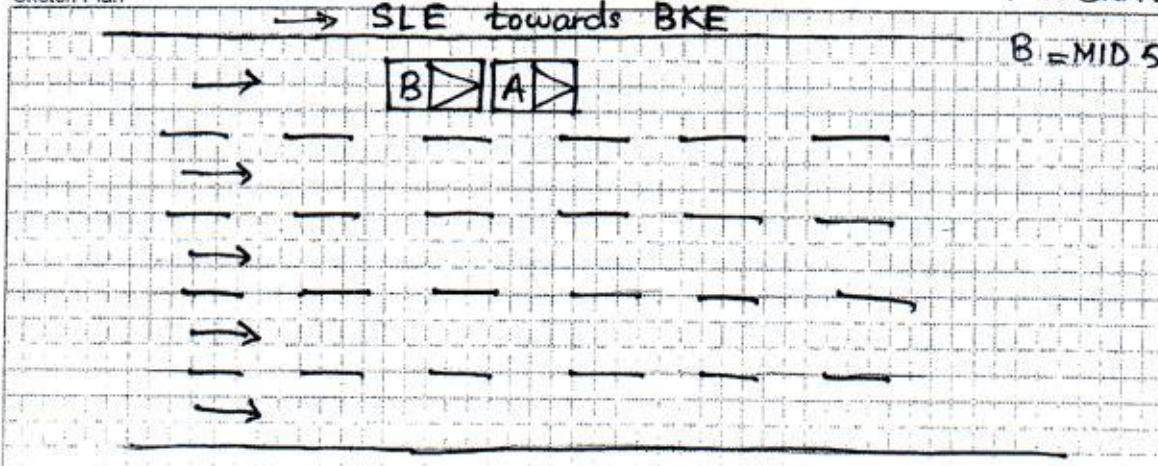
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
29/09/15

Driver's Signature (if driver is not the policyholder) / Date & Time
29/09/15

Witnessed by Reporting Centre Personnel

Sketch Plan



Page 4

Describe Circumstance of the Accident

I was travelling along SLE towards BKE before Yishun Exit on the extreme left lane. The vehicles in front of me stopped, I stopped too. But the vehicle B (MID 59279) could not stop in time and collided to my vehicle's rear with hard impact.

I felt unwell after the accident and went to Khoo Tek Pund Hospital for medical check-up. I was given 2 days MC.

* Refers to attached police report.

My vehicle repairs and claims will be handled by my own workshop.

Signature
29/07/2015

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.

Signature 29/07/15
Policyholder's Signature / Date & Time

Signature 29/07/15
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE 570023

Tel No: 1800-4529999



T/20150929/2079

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Report No. T/20150929/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2015 14:16	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: SAM HUI FANG			Address: 46 JALAN JAMBU AYER SINGAPORE 588796		
ID Type / ID No.: NRIC NO / S8614859E			Contact No.: Home/Office: Mobile: 91471714		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 29	Date of Birth: 05/06/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PSYCHOLOGY			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	28/09/2015 17:30	Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY BUKIT TIMAH EXPRESSWAY Before Lentor Avenue				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MID59279	Truck				No Damage	1
SKN256A	Car	HYUNDAI	DM SANTA FE 2.4L GDI ABS D/AB SR 4WD 5DR	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKN256A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN301488150 0	12/03/2015	11/03/2016

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE 570023

Tel No: 1800-4529999



T/20150929/2079

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Report No. T/20150929/2079

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / SAMUEL LIM HWEE JIE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / NEO CHENG BEET CECILIA Contact No.: 65476184

Signature Of Informant:
Date/Time: 29/09/2015 14:16
Classification Of Case:

Authentication Stamp NP168	SN 070
Singapore Police Force	