### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/11/2017 15:59
Date Of Accident	22/11/2017 03:45
Exact Location Of Accident	HOME SUITE VIEW HOTEL EXIT TO LOR 12 GEYLANG
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4671Z
Insured/Policyholder	
Name Of Registered Owner	MR YEO ENG CHER GARY
NRIC No	S1647122D
Email Address	10GECY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91713500
Alternative Phone No	OFFICE-91713500
Vehicle Particulars	
Manufacturer	RENAULT
Model	MEGANE 1.6 AUTO 4DR ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN1743531700
Cover Note Number	-
Driver	
Name of Driver	MR YEO ENG CHER GARY
NRIC No	S1647122D
Date Of Birth	10/10/1964
Occupation	INDOOR
Date Of Driving Pass	01/06/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91713500
- W 1	

OFFICE-91713500

10GECY@GMAIL.COM

Address 125 SELETAR HILLS DR

Postcode 807136

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

-

NO

#### **General Information of the Accident**

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

### **Other Information**

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour WHITE COLOR VAN

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

Phone Number

**Email Address** 

#### **Accident Sketch Plan**

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- The 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.
- By the lodgment 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 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# **Accident Sketch Plan**

PLAN	
Home Suite View Hotel	0- (-0//312
	A= SJR 46712
	B= Unknown.
[7]	
A	
> L L BP	
>	
Lor 12 Geylang	
E CIRCUMSTANCES OF THE ACCIDENT	
2	2
Please Refer to Sta	tement
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RATION	Sav.
clare the foregoing particulars are true in every respect.	
/ www	front
der bigrature Driver's Signature	Reporting Centre Personnel's Signat
der Signature  Oriver's Signature  (If driver is not the policyholder)	Name:

## **Accident Sketch Plan**

AFTER CHECKING TRAFFIC WAS CLEAR, I EXITING FROM THE HOME SUITE VIEW HOTEL TO THE LOR 12 GEYLANG. SUDDENLY A WHITE VAN COME SO FAST FROM THE MAIN ROAD, CAUSING BOTH VEH COME TO A COLLISION. AFTER THE INCIDENT I TOOK PHOTO FOR THE VAN. BUT AFTER FEW DAY LATER, I LOST THE PHOTO INSIDE MY PHONE AND CANNOT GET THE VAN LICENSE PLATE NUMBER.

## **DRIVING DOC**































