

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	04/12/2017 09:41
Date Of Accident	01/12/2017 18:50
Exact Location Of Accident	JUNC OF LENTOR AVENUE AND YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1700C
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Insured/Policyholder

Name Of Registered Owner	MR CHOO YUEN SIONG (ZHU YUNXIONG)
NRIC No	S8032470G
Email Address	NY2CDO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97379627
Alternative Phone No	OTHERS-97379627

Vehicle Particulars

Manufacturer	BMW
Model	318I SEDAN LED
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	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	DMPCSN3081461700
Cover Note Number	

Driver

Name of Driver	MR CHOO YUEN SIONG (ZHU YUNXIONG)
NRIC No	S8032470G
Date Of Birth	05/10/1980
Occupation	INDOOR
Date Of Driving Pass	21/08/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97379627
Fax Number	
Contact Number	OTHERS-97379627
Email Address	NY2CDO@GMAIL.COM

Address	119 COMPASSVALE BOW #04-19
Postcode	544817
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
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.	NO
Number of Passengers (Including Driver)	1

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5749K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KAM WOON SENG
NRIC/Passport Number	S0203886B
Contact Number	93881312
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan


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.
- (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:
 - (i) 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.

 2/12/17 1300hrs

Policyholder's Signature
Date & Time:

 2/12/17 1300 hrs.

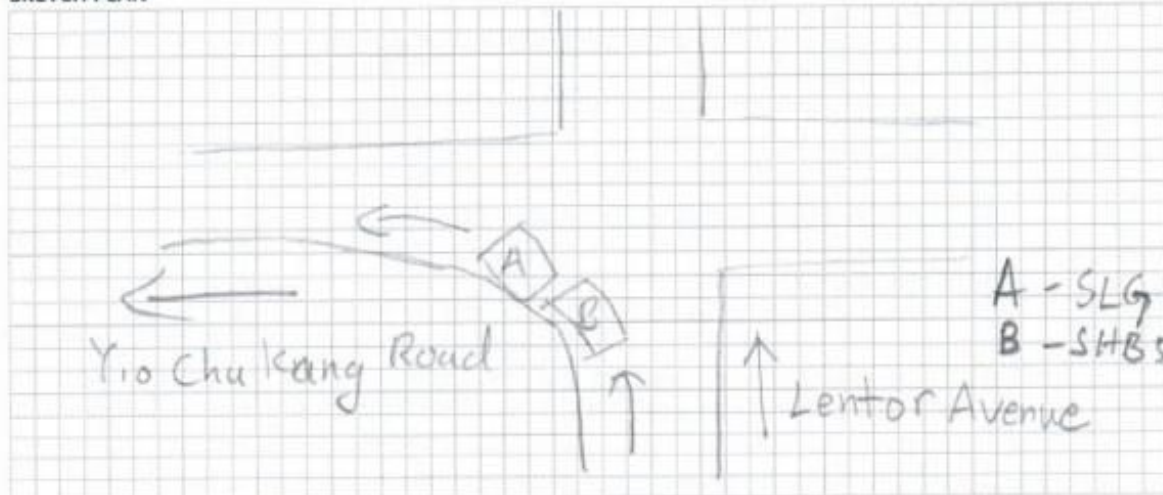
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 4/12/2017

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was turning from Lenton Avenue to Yio Chu Kang Road and stopped to give way to oncoming bus coming from Yio Chu Kang Road. While ^{A is} at stationary, Vehicle B failed to stop while also turning from Lenton Avenue to Yio Chu Kang Road, thereby causing the accident.

There are damages to the ^{Rear} ~~back~~ bumper of ~~Vehicle~~ ^{Vehicle} A and front bumper + headlamp of ~~Vehicle~~ ^{Vehicle} B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature] 2/12/17 1300hr

Policyholder's Signature
Date & Time:

[Signature] 2/12/17 1300hr

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

[Signature] 4/12/2017

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

