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 <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

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	ACCIDENT STATEMENT
Date Of Report	11/12/2017 14:48
Date Of Accident	10/12/2017 13:50
Exact Location Of Accident	MERPATI RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4725Z
Insured/Policyholder	
Name Of Registered Owner	MISS YEO YOKE GEN
NRIC No	S7271967J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90700372
Alternative Phone No	OFFICE-90700372
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G A
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	DMPCSN3075771700
Cover Note Number	-
Driver	
Name of Driver	HO SOO LEE (HE SHULI)

 NRIC No
 \$7737699B

 Date Of Birth
 24/12/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 27/05/2006

Driving Experience 11 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90700372

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 333 AMK AVE 1 #08-1913

Postcode 56033

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - BUSINESS PARTNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

2

NO

NO

Number of Passengers (Including Driver)

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 SHC8135G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver TAN CHONG HUAK

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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 (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 the purpose of the collective of the purpose of the purpose of the purpose of the collective of the purpose of the purpose
 - 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
Date & Time: 11 OF C 20

Driver's Signature (If driver is not the policyholder)

Date & Time: 11/DEC/2017

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

MERPATI RD		
\rightarrow	B	>
\longrightarrow	A	7
A = SLS 4725	z	
B: 540 81359	(FILTER ID) MY K	ANZ & -17 0070 My ON
SCRIBE CIRCUMSTANCES OF THE ACCIDENT		
hen i discoursed a taxi (SHor left hand portion. After exchange is a name so I call after 12 hour. After 12 hour. I the traffic officer. The arty particular and ask in a milted his fault and ask in a surance policy for my co	the accident the the police. Then the taxis driver police officer ne to report. The me to make a	taxi driver reluse to they send down 2 admit his fault in four had taken down both sen the taxi driver claim under his taxi

(If driver is not the policyholder)
Date & Time: 11/DEC/2017

Policyholder's Signature
Date & Time: 11 PE 2 2017

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

DRIVING DOC





DRIVER OF SKI 4725 Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars < 3000kg with <7 passengers, exclusive 27 May 2006 of the driver; and other motor vehicles < 2500kg

NP 428A



































