#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/12/2017 17:47
Date Of Accident	11/12/2017 21:30
Exact Location Of Accident	BLK 276 YISHUN ST 22 OPEN CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDG8883G
Insured/Policyholder	
Name Of Registered Owner	MISS GOH AI NOI JACKLYN
NRIC No	S1410312J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96215591
Alternative Phone No	OTHERS-96215591
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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.

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy NO

Policy Number DMPCSN3082801700

Cover Note Number

Driver

MISS GOH AI NOI JACKLYN Name of Driver

NRIC No S1410312J Date Of Birth 29/05/1960 **OUTDOOR** Occupation Date Of Driving Pass 09/02/1991

**Driving Experience** 26 YEARS AND 10 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96215591

Fax Number

**Contact Number** OTHERS-96215591

**EMail Address NOEMAIL** 

65A LORONG MELAYU Address

417024 Postcode

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 SIDE SWIPE Weather Conditions **CLEAR** Road Surface WET

## **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) NO soliciting/offering accident claims assistance. 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 NO Was there any video captured by Car Camera? NO Was there any audio recorded?

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

SJA8516C Vehicle Registration Number

Vehicle Make/Model/Colour

**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** 

## SKETCH PLAN

## IMPORTANT NOTICE

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

# SKETCH PLAN Cor Pork Lot A = SDG8883G B= SJA8516C Jishun Street 22 Open Car Park DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to attach DECLARATION I/We declare the foregoing particulars are true in every respect. 12/12/17 Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

Name:

NRIC/FIN No.:

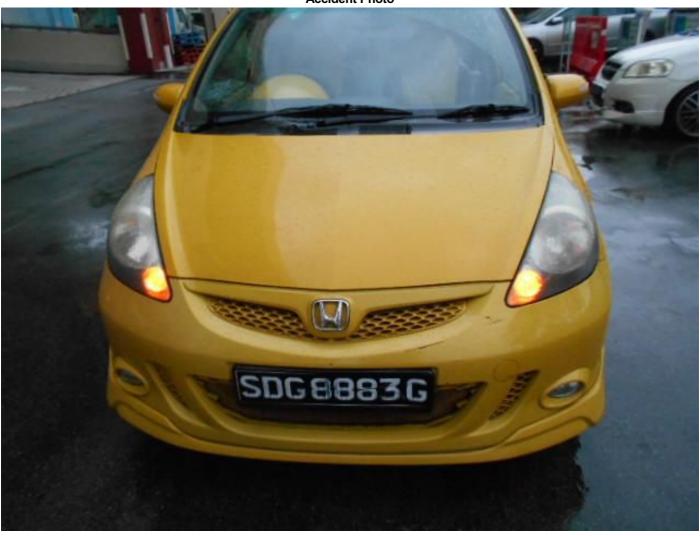
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On 11.12.17 at about 21:30 hours at BLK 276 Yishun Street 22 Open Car Park. I was travelling straight on my lane, when vehicle (B) stopped and signaled she wanted to park into the car park lot which on our left hand side, hence I also follow stopped. When vehicle (B) was reversing into the car park, I was stationary there, suddenly I felt vehicle (B) was too close and I sounded horn, but vehicle keep reversing and collided onto front portion of my vehicle (A).

Vehicle (A): SDG 8883G

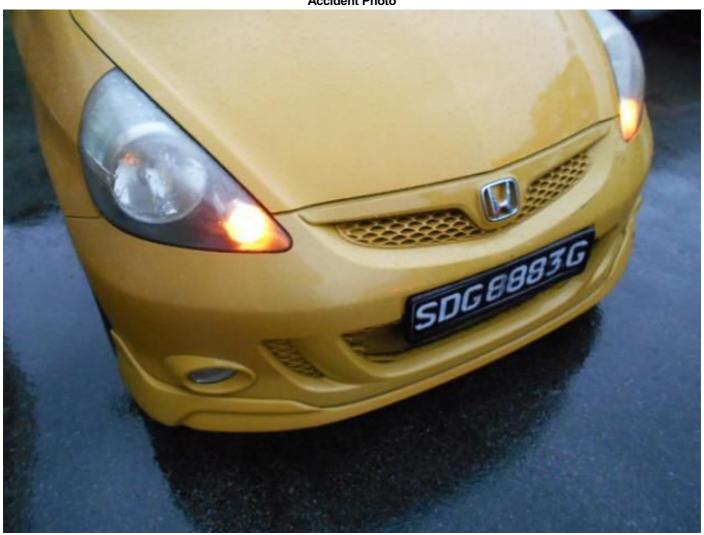
Vehicle (B): SJA 8516C



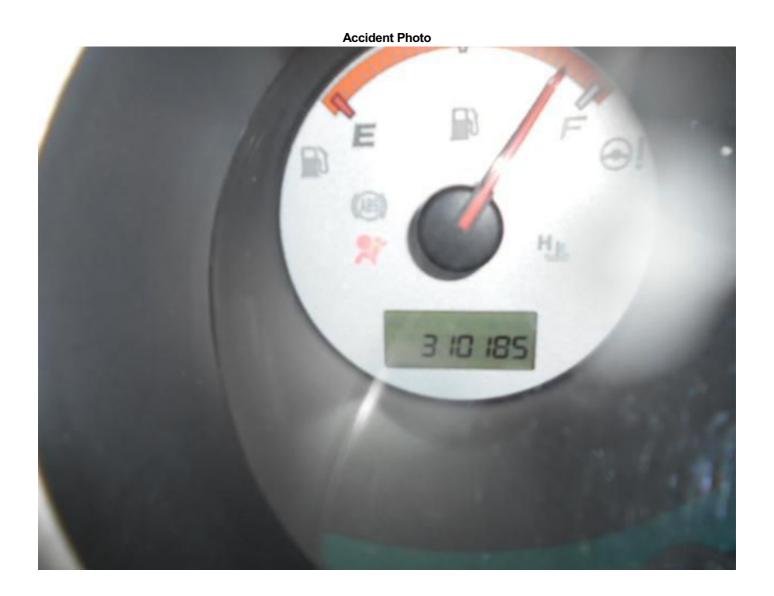














IDENTITY CARD NO. \$1410312J



Name



GOH AI NOI



Race

CHINESE

Date of Birth

Sex

29-05-1960

Country of Birth

SINGAPORE





## **Driving License**



50988839 Own ddriw

