

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	13/12/2017 12:10
Date Of Accident	09/12/2017 01:00
Exact Location Of Accident	TESSENSOLN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN3339J
Insured/Policyholder	
Name Of Registered Owner	DARWATI SUPAR
NRIC No	S7782207J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93725228
Alternative Phone No	OTHERS-93725228

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPCSN3083931701
Cover Note Number	20/09/2017 - 19/09/2018

Driver

Name of Driver	YAM KAH YUE
NRIC No	S1238264B
Date Of Birth	03/11/1957
Occupation	INDOOR
Date Of Driving Pass	04/03/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90623162
Fax Number	
Contact Number	
EEmail Address	WILLIEYAM61@GMAIL.COM

Address	BLK 321 CHOA CHU KANG AVE 3 #18-24
Postcode	689864
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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.	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

REFER TO STATEMENT ATTACH.

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	RED TRANSCAB
Details Of Properties	
Name of Driver	
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	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SFN 3339J
INSURER: China
DATE & TIME: 09/12/17 @ 0100

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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.

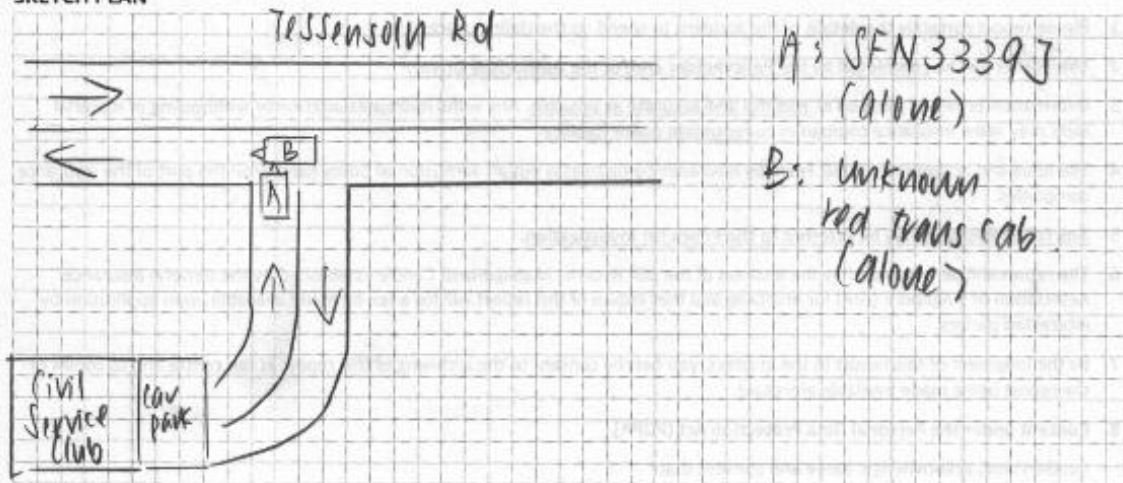
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Donna (AMK)
NRIC/FIN No.: 1312117

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SFN3339J (China)
 Date & Time: 09/12/2017 @ 0100 (clear day)

On 9 Dec 2017 around 1am, I was driving my car out of CSC car park. When I was going out to Tessensol Rd a Trans cab was travelling at a fast speed towards me and accidentally I hit on his car front left side. It was just a minor damage to his front left mud card and mine was a little bit scratches.

I have told the cab driver that it's just a minor scratch on his car and I willing to pay on the repair or paint job. But he was very angry and rude scolding me. On that I told him to report to insurance and I move and drive my car off.

He has taken 2 photos on my car and his car damage & I did not and I only know his cab is in red and should be trans cab. His car number plate I also didn't note down.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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

CLAIM Form Sketch Plan Form V3 () Claim Own Policy () Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1238264B**



Name
YAM KAH YUE

任家喻

Race
CHINESE

Date of birth
03-11-1957

Sex
M

Country/Place of birth
SINGAPORE



13026-1

5284660



NRIC No. **S1238264B**

Date of issue
06-03-2014

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S1238264B**

Name
YAM KAH YUE

Birth Date: **03 Nov 1957**

Issue Date: **21 Sep 2015**



SG
50

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE

04 Mar 2013

NP 428A



Licence No. **S1238264B**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7782207J**



Name
DARWATI SUPAR

Race
MALAY

Date of birth
12-07-1977

Sex
F

Country/Place of birth
INDONESIA



9304606



NRIC No. **S7782207J**

Nationality
INDONESIAN

Date of issue
19-07-2013

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

