

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 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	19/01/2018 15:59
Date Of Accident	18/01/2018 19:10
Exact Location Of Accident	COMMONWEALTH AVE WEST TWDS HOLLAND INFRT BLK 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3764C
Insured/Policyholder	
Name Of Registered Owner	MR WANG PENG YUAN
NRIC No	S8107916A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90110012
Alternative Phone No	OTHERS-90110012

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	DMPCSN3079651700
Cover Note Number	

Driver

Name of Driver	MR WANG PENG YUAN
NRIC No	S8107916A
Date Of Birth	12/03/1981
Occupation	INDOOR
Date Of Driving Pass	08/04/2002
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90110012
Fax Number	
Contact Number	OTHERS-90110012
Email Address	NOEMAIL

Address	BLK 234 BUKIT PANJANG RING RD #09-07
Postcode	670234
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

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

I WAS DRIVING ALONG COMMONWEALTH AVE WEST TWDS HOLLAND ON THE 2ND LANE OF A4-LANES RD.SOMEWHERE INFRT BLK 25,I STOPPED MY VEH DUE TO HEAVY TRAFFIC FLOW AND TRAFFIC RED LIGHT AHEAD.OUT OF THE SUDDEN,VEH B CAME FROM THE REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEH.AFTER THE IMPACT,I ALIGHTED AND REALISED THAT A TOTAL OF 6 VEH WERE INVOLVED IN THIS ACCIDENT.I DIDN'T TAKE DOWN ALL OTHER VEHICLES NUMBER INVOLVED.

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	SJP9481H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

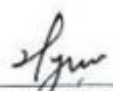
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature
Date & Time:



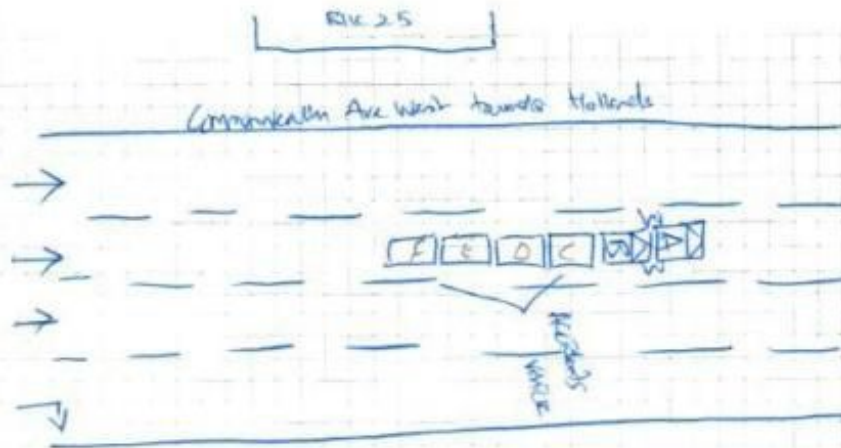
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 19/01/18

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ~~Lawrenceville Ave~~ ~~West~~ ~~side~~ ~~of~~ ~~the~~ ~~2nd~~ ~~lane~~ ~~of~~ ~~a~~ ~~4-lane~~ ~~road~~. ~~Somehow~~ ~~about~~ ~~25~~ ~~I~~ ~~stopped~~ ~~my~~ ~~vehicle~~ ~~due~~ ~~to~~ ~~heavy~~ ~~traffic~~ ~~ahead~~ ~~and~~ ~~traffic~~ ~~red~~ ~~light~~ ~~ahead~~. ~~Out~~ ~~of~~ ~~the~~ ~~sudden~~, ~~vehicles~~ ~~came~~ ~~from~~ ~~the~~ ~~rear~~ ~~and~~ ~~crashed~~ ~~into~~ ~~the~~ ~~rear~~ ~~portion~~ ~~of~~ ~~my~~ ~~vehicle~~. ~~After~~ ~~the~~ ~~crash~~, ~~I~~ ~~stopped~~ ~~and~~ ~~realized~~ ~~that~~ ~~a~~ ~~total~~ ~~of~~ ~~6~~ ~~vehicles~~ ~~were~~ ~~involved~~ ~~in~~ ~~this~~ ~~accident~~. ~~I~~ ~~did~~ ~~not~~ ~~take~~ ~~down~~ ~~cell~~ ~~owner~~ ~~vehicles~~ ~~number~~ ~~involved~~.

A - SKE 3764 C

S- SP 9481H

C - UNKNOWN

D - ~~UNKNOWN~~

~~E~~ - UNKNOWN

$F = \text{UNKNOWN}$

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.:

Accident Photo



Accident Photo



Accident Photo



A close-up photograph of the rear of a light blue Hyundai car. The car is parked on a paved surface. The rear features a large red taillight on the left, the 'HYUNDAI' brand name in silver letters, and the Hyundai logo on the right. A yellow license plate with black text reads 'SKE 3764C'. Below the license plate, there is a small black plaque with white text that reads 'HYUNDAI' and 'ASSURED MOTORS PT. LTD.' The car's body is clean and well-maintained.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

