

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	20/01/2018 15:28
Date Of Accident	20/01/2018 12:20
Exact Location Of Accident	TOA PAYOH LOR 6 -SLIP RD TWDS BRADDELL RD (BISHAN)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU6000C
Insured/Policyholder	
Name Of Registered Owner	LIM KHIA TECK
NRIC No	S6938420Z
Email Address	KHIALIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96633831
Alternative Phone No	OTHERS-96633831

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T (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	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	DMPCSN3013341702
Cover Note Number	15/07/2017 - 14/07/2018

Driver

Name of Driver	LIM KHIA TECK
NRIC No	S6938420Z
Date Of Birth	28/10/1969
Occupation	INDOOR
Date Of Driving Pass	08/07/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96633831
Fax Number	
Contact Number	OTHERS-96633831
Email Address	KHIALIM@HOTMAIL.COM

Address	BLK 10R BRADDELL HILL #04-80
Postcode	579735
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
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : DAPHNE TEO GENDER: : FEMALE

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 SDU6000C AND STOPPED AT THE SLIP ROAD FROM TOA PAYOH LOR 6 TO BRADDELL ROAD, WAITING TO JOIN BRADDELL ROAD TOWARDS BISHAN. SUDDENLY, I FELT AN IMPACT FROM THE REAR. I CHECKED THE REAR VIEW MIRROR AND SAW IT WAS A WHITE SUV HAD KNOCKED INTO MY CAR. I GOT OUT AND SAW THE SUV CAR REGISTRATION WAS SGD4560U. THE DRIVER WAS FADZLI BIN HUSSEIN S8004228J EXCHANGED HIS PARTICULARS WITH ME AND APOLOGISED FOR KNOCKING INTO MY CAR.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGD4560U
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FADZLI BIN HUSSEIN
NRIC/Passport Number	S8004228J
Contact Number	93899446
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SPU 6000C
INSURER : CHINA
DATE & TIME: 20/1/18 12:20pm

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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:

20/1/18 3:15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

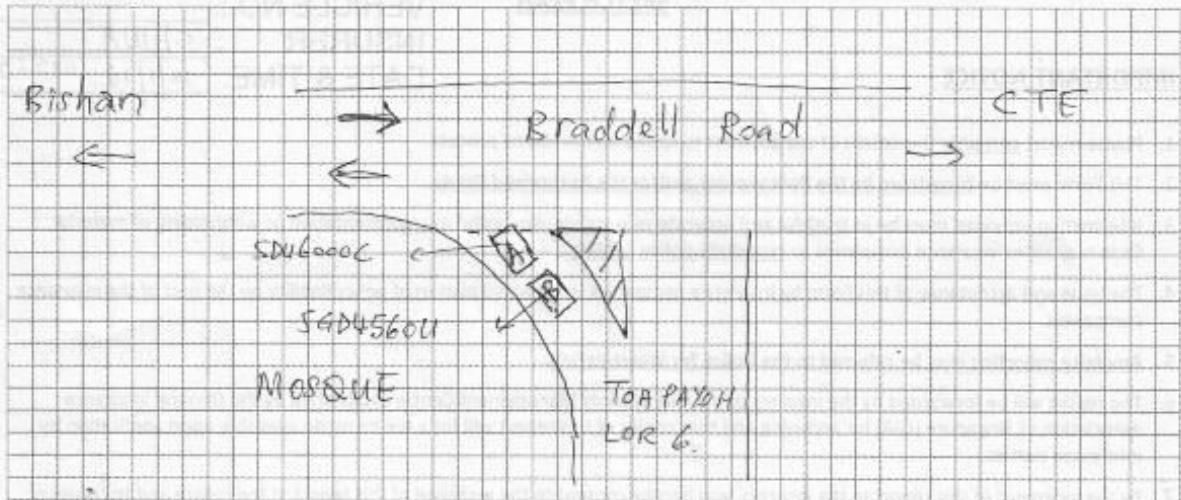
Name:

NRIC/FIN No.:

[Signature]

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving SDU6000C and stopped at the slip road from Toapayoh Lor 6 to Braddell Road, waiting to join Braddell Road towards Bishan. Suddenly, I felt an impact from the rear. I checked the rear view mirror and saw it was a white SUV had knocked into my car. I got out and saw the SUV car registration was SGD4560U. The driver was Fadzli Bin Hussien 58004228 J exchanged his particulars with me and apologised for knocking into my car.

Vehicle No: SDU6000C (China)
Date & Time: 20/01/18 @ 1220 (clear dry)

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.

Fadzli

Policyholder's Signature

Date & Time: 20.1.18 3.15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GUARMC SketchPlanForm_V3

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()