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 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 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	29/01/2018 10:16
Date Of Accident	28/01/2018 10:40
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG2995Z
Insured/Policyholder	
Name Of Registered Owner	YEO SWEE SIANG
NRIC No	S8121642H
Email Address	YSS1981@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98241170
Alternative Phone No	OTHERS-98241170
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ-1.3 L (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	DMPCSN3053931701
Cover Note Number	03/06/2017 - 02/06/2018
Driver	
Name of Driver	YEO SWEE SIANG
NRIC No	S8121642H
Date Of Birth	24/07/1981
Occupation	INDOOR
Date Of Driving Pass	04/12/2006
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98241170
Fax Number	
Contact Number	OTHERS-98241170
EMail Address	YSS1981@GMAIL.COM

Address	BLK 102 ANG MO KIO AVE 3 #07-1417
Postcode	560102
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	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

UNKNOWN VEHICLE HAD STEERED INFRONT OF MY VEHICLE AND SLOWED DOWN TO STOP, I FOLLOWED TOO. NEXT MOMENT, FELT AN IMPACT FROM THE REAR AND REALISED MOTOR TAXI SHD6501R HAD HIT ONTO MY VEHICLE REAR PORTION. UPON ALIGHTING, I THEN REALISED I WAS INVOLVED IN A 4 VEHICLE CHAIN COLLISION WITH NO ONE INJURED.

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	SHD6501R
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SAY KWEE LIANG
NRIC/Passport Number	S1492005F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDT8300D
Vehicle Make/Model/Colour	BLUE VOLKSWAGEN GOLF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH BIAN KOON
NRIC/Passport Number	S0036406A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJZ1212T
Vehicle Make/Model/Colour	BLUE AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG CHI MENG
NRIC/Passport Number	S1679268C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO.: SKG 2995Z
INSURER : China
DATE & TIME: 29/01/18 @ 1040

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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.

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29 / JAN / 2018

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Devlyn (AMK) 29/01/18
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLAN

A: SKG 2995Z
(alone)
B: SHD 6501R
Say Kwee Linng
S1492005F

C: SDF8300D
Gon Biau Koon
S0036406A

D: SJZ1212T
Leong Chi Meng
S1679268C

PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SKG 2995Z (China)
Date & Time: 28/01/18 @ 1040 (clearday)

Unknown vehicle had steered infront of my vehicle and slowed down
to stop, I followed too. Next moment, felt an impact from the rear
and realised motor taxi SHD 650IR had hit onto my vehicle rear
portion. Upon alighting, i then realised i was involved in a 4 vehicle
chain collision with no one injured.

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: (HWK)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3   ( ) Claim Own Policy   (✓) Claim Third Party   ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)