

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	29/01/2018 17:44
Date Of Accident	26/01/2018 18:35
Exact Location Of Accident	CTE (SLE) TOWARDS TPE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG562C
Insured/Policyholder	
Name Of Registered Owner	HENG LENG LENG
NRIC No	S7020791E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83831193
Alternative Phone No	OFFICE-83831193

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 KOMPRESSOR-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DMPCSN3047931700
Cover Note Number	

Driver

Name of Driver	LIEW AH SENG
NRIC No	S1526161G
Date Of Birth	15/11/1962
Occupation	INDOOR
Date Of Driving Pass	12/07/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92952828
Fax Number	
Contact Number	OFFICE-92952828
EMail Address	NOEMAIL

Address	BLK 26, SECTOR A SIN MING IND. EST #06-124
Postcode	570026
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	SIDE SWIPE
Weather Conditions	CLEAR
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?	
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

ON 26.01.2018 ABOUT 1835 HRS AT SLIP ROAD FROM CTE (SLE) TOWARDS TPE (PIE) I WAS TRAVELLING ON THE EXTREME LEFT LANE AND SUDDENLY A VEHICLE (B) ON MY RIGHT LOSE HIS CONTROL AND SKIP HENCE COLLIDED ONTO MY WHOLE RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE

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	SDM3363S
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)	


SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the date and time of the accident to report to the claims process.
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6. 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.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to supply and 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:
 - (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 the accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
 - (c) my Personal Information may/are be disclosed by any of the Insurers and/or their lawyers/law firms to any person or agent(s) of the Insurers' lawyers/law firms, which may/are permitted to do so for the purpose(s) of the above Purpose(s);
 - (d) my Personal Information will/are collected and used for the above Purpose(s) and/or for any other purpose(s) as may be required by the Insurers and/or their lawyers/law firms in processing and settling my claims;
 - (e) the Personal Information collected under this Form 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.


 Date & Time:


 Date & Time:


 Name:
 NRIC/Passport:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26/01/2018 at about 1835hrs at slip road from CTE(SLE) towards TPE(PIE) - I was travelling on the extreme left lane and suddenly a vehicle (B) on my right lose his control and skid hence collided onto my whole right portion of my vehicle (A) causing damages to my vehicle.

(A) SKG 562 C

(B) SDM 3363 S

[Signature]

DECLARATION

I/We declare the foregoing particulars are true and correct.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

Reporting Police Person's Signature
Name:
NR/PP/NO/