

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	14/02/2018 16:29
Date Of Accident	01/02/2018 16:45
Exact Location Of Accident	IM FOOD CENTRE OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7035C
Insured/Policyholder	
Name Of Registered Owner	LOH CHEE MENG
NRIC No	S8012773A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97116631
Alternative Phone No	OFFICE-97116631

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 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	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	DMPCSN3059451700
Cover Note Number	

Driver

Name of Driver	LOH CHEE MENG
NRIC No	S8012773A
Date Of Birth	17/04/1980
Occupation	INDOOR
Date Of Driving Pass	03/07/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97116631
Fax Number	
Contact Number	OFFICE-97116631
E-Mail Address	NOEMAIL

Address	BLK 617D OUNGGOL DRIVE #05-817 S(824617)
Postcode	
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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)	2
Passenger 1	NAME: : TEOH ZHIXIANG
	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

THE ACCIDENT HAPPENED ON 01/02/2018 AT 4:45PM ALONG IM FOOD CENTRE OPEN CARPARK. I WAS REVERSING AND HIT VEHICLE B FRONT PORTION.

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	SHA7061C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2 Pg. 1

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: 14/2/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/2/2018

Reporting Centre Representative's Signature
Name:
NRIC/FIN No.:
13/02/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8012773A



Name
LOH CHEE MENG
罗梓铭

Race
CHINESE

Date of birth
17-04-1980

Sex
M

Country of birth
SINGAPORE

S8012773A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8012773A**
Name
LOH CHEE MENG

Birth Date **17 Apr 1980**
Issue Date **07 May 2010**

001854232G

4561501



NRIC No. **S8012773A**



Date of issue
19-04-2010

APT BLK 617D PUNGGOL DRIVE #05-817
SINGAPORE 824617
NRIC No: **S8012773A** Date: **08/04/2012** No: **7070933**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	PASS DATE
Class 2B Motorcycles =< 200 cc	04 May 2000
Class 2A Motorcycles between 201 cc and 400 cc	12 Jun 2001
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	03 Jul 2001

Licence No: S8012773A

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



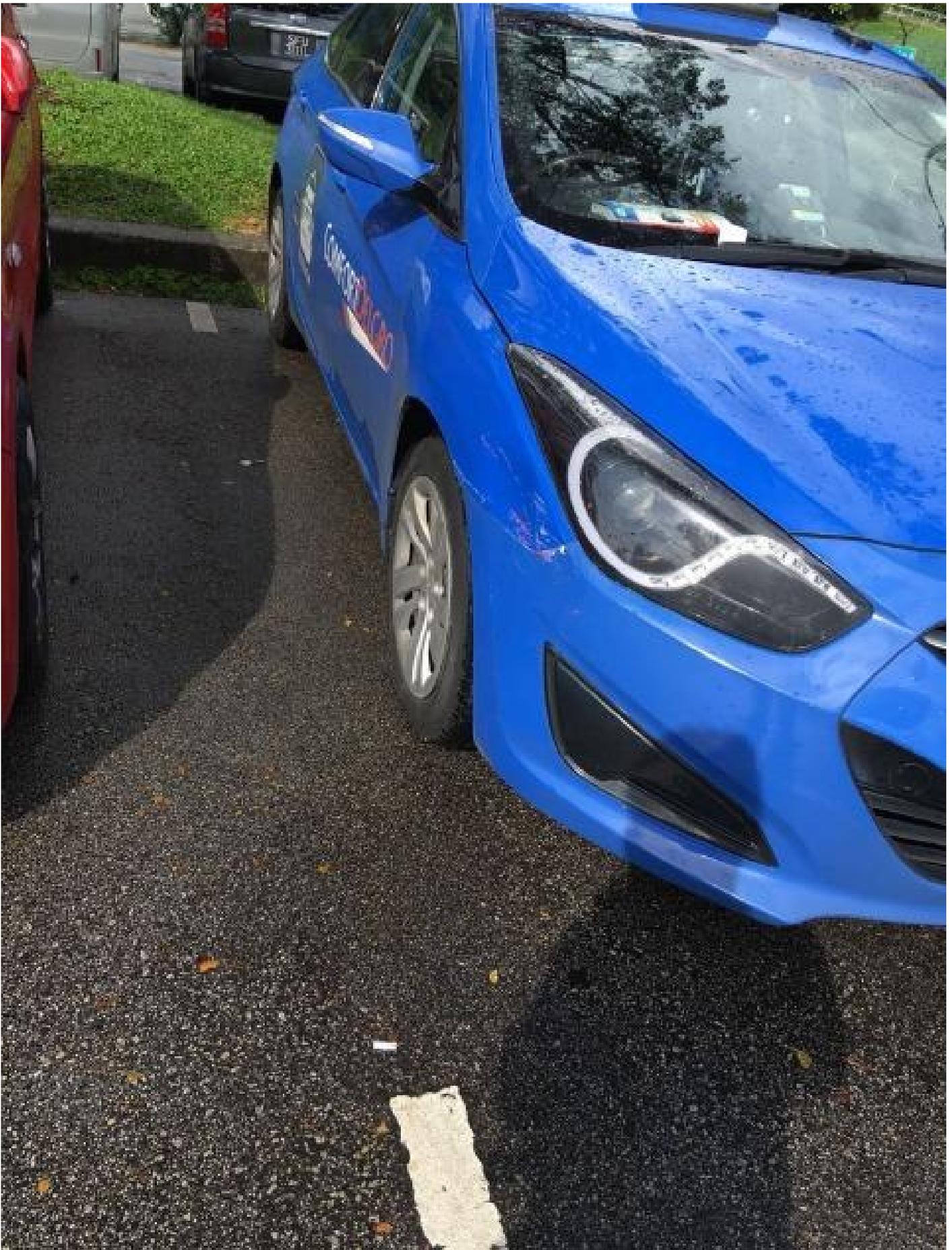
Accident Photo



Accident Photo



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Accident Photo

