

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 19/02/2018 13:22
 Date Of Accident 15/02/2018 20:45
 Exact Location Of Accident NORTH BRIDGE RD TWDS CHINATOWN(OUTSIDE BRAS BASAH
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN5454A
Insured/Policyholder
 Name Of Registered Owner TAN HWA BOON
 NRIC No S7215454A
 Email Address HWABOON@GMAIL.COM
 Mobile Phone No (LOCAL) +65-83915454
 Alternative Phone No OTHERS-83915454

Vehicle Particulars

Manufacturer HONDA
 Model ODDYSEY
 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 DMPCSN3078821700
 Cover Note Number

Driver

Name of Driver TAN HWA BOON
 NRIC No S7215454A
 Date Of Birth 30/04/1972
 Occupation OUTDOOR
 Date Of Driving Pass 10/11/1989
 Driving Experience 28 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-83915454
 Fax Number
 Contact Number OTHERS-83915454
 EMail Address HWABOON@GMAIL.COM

Address BLK 613A PUNGGOL DRIVE
#09-851
Postcode 821613
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 SIDE SWIPE
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? 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: : CHRISTOPHER KOH
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

PLS REFER TO THE ATTACHED STATEMENT.

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 SHC716H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver CHEW HOCK MENG
NRIC/Passport Number S1188346Z
Contact Number 97810903
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)


SKETCH PLAN

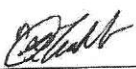
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

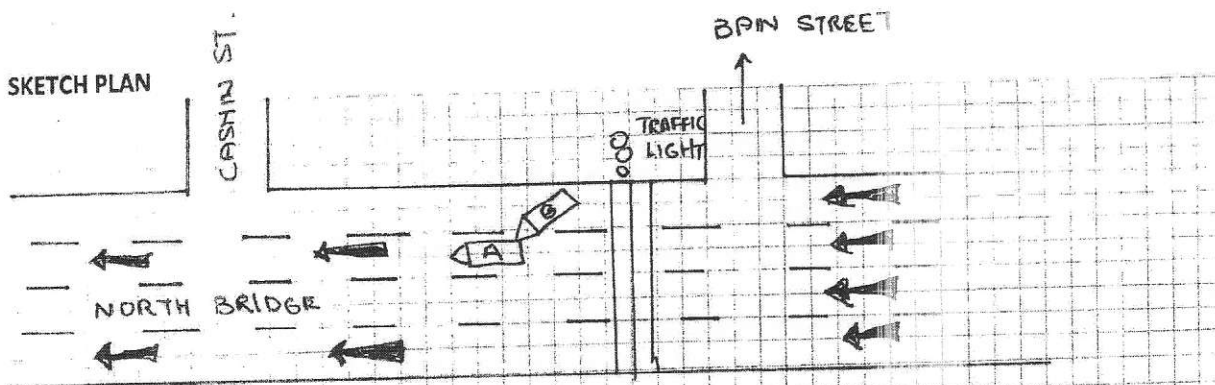
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 19/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Vehicle A : SLN 5454A

Vehicle B : SHC 7164

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. Driving along North Bridge Road (Outside Bras Basah Complex towards Chinatown direction). Stopped at traffic light.
2. Upon green light, started to move vehicle forward.
3. Vehicle B, who parked after the traffic light with vehicle hazard light on, suddenly starts to filter out to the left from his original lane.
4. Horn to alert Vehicle B driver who initially stops. However upon Vehicle A moving passed, vehicle B starts to accelerate and hit vehicle A on the right side.
5. Vehicle A driver stops, alight vehicle to examine damage and check for any third party ~~in~~ injury.
6. Vehicle A driver exchange particulars with vehicle B driver.
7. Both parties agreed to report and claim insurance.
8. After incident, vehicle A becomes bumpy when travel on uneven surface or hump.


* Accident photos available


* Carcam video available


* SMS from vehicle B driver admit mistakes available

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:

 19/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: