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 <u>truthful and accurate</u> 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/03/2018 14:03
Date Of Accident	25/02/2018 16:10
Exact Location Of Accident	ALONG QUEENSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY7872P
Insured/Policyholder	
Name Of Registered Owner	WAH LIN MOTOR SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98765087
Alternative Phone No	OFFICE-98765087
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	_
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1652041701
Cover Note Number	
Driver	
Name of Driver	TAN KIM CHENG

Name of Driver TAN KIM CHENG
NRIC No S0989934J
Date Of Birth 03/10/1952
Occupation INDOOR
Date Of Driving Pass 28/11/1977

Driving Experience 40 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98765087

Fax Number

Contact Number

EMail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident NO 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

Was any body injured in the Accident?

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

NO

NO

NO

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

notice of interface Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED REPORT.

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 SHB5745X

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)

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SKETCH PLAN

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 interested parties.
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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:
 - 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:

(If driver is not the policyholder

Date & Time:

Reporting Centre Personner's Signal Name:

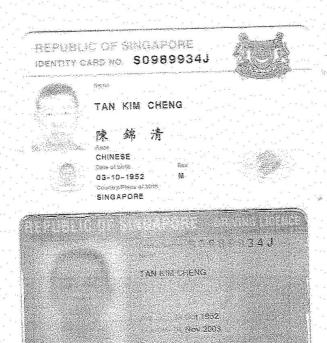
NRIC/FIN No.:

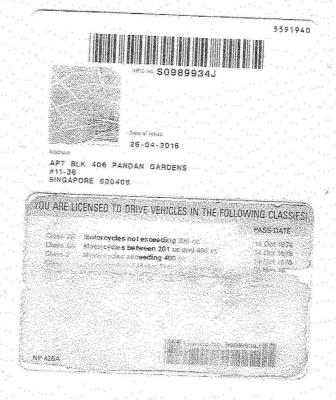
Sketch Plan #2 Pg. 1

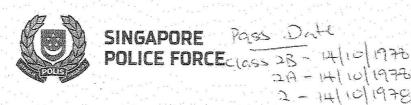
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	newspaper to a Shell petrol Station.
	I have no collision with any vehicle
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	on that day
	on that day
	I did as to Teban Gdens NPP (BIE)
	La tessort on 18/3/18.
	to teport on 10/5/10.
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DEC	CLARATION
1/W	e declare the foregoing particulars are true in every respect.
	(S) (S) (A) (S) (A)
	Driver's Signature Reporting Centre Personnel's Signature
Poli	(If driver is not the policyholder) Name:
	K tille
Date	Date & Time: NRIC/FIN No.:
	Date & Time: NRIC/FIN No.:

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Sketch Plan #3 Pg. 1







TRAFFIC POLICE SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865

Tel: 65470000 www.police.gov.sg

Private & Confidential

TAN KIM CHENG

APT BLK 406 PANDAN GARDENS #11-38 SINGAPORE 600406 You will receive your photocard driving licence by registered post within 10 46 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S0989934J (2B/2A/2/3) C001348401

\$25/-

(Please do not detach)

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD

STATE OF STA











