SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	13/03/2018 15:15
Date Of Accident	12/03/2018 17:35
Exact Location Of Accident	TELOK BLANGAH RD TOWARDS ALEXANDRA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL4710B
Insured/Policyholder	
Name Of Registered Owner	TAN WEE PIN PEARLY
NRIC No	S8241259Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98503125
Alternative Phone No	OFFICE-98503125
Vehicle Particulars	
Manufacturer	HONDA
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	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	DMPCSN3084351700
Cover Note Number	
Driver	
Name of Driver	TAN WEE PIN PEARLY
NRIC No	S8241259Z

07/12/1982

17/03/2005

12 YEARS AND 11 MONTHS

(LOCAL) +65-98503125

OFFICE-98503125

INDOOR

FEMALE

NOEMAIL

Page 1 of 18

Address -

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 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

Was any body injured in the Accident? YES

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

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHILDREN

GENDER: : MALE

Passenger 2 NAME: : CHILDREN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NPP

Police Station Address ROAD: 51 TELOK BLANGAH DRIVE #01-116, POSTCODE: 100055,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE 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 SLU8495A

Vehicle Make/Model/Colour

0_00.00.

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX6908K

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)

DETAILS OF INJURED PERSON 1

Name TAN WEE PIN PEARLY

Approximate Age Injuries Sustain

Injured person in which vehicle? SJL4710B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- By the lodgment 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.
- 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 insurers) 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: 10 10

10.15Pm

Oriver's Sighature (If driver is not the policyholder)
Date & Time: 13/3/16

13/31/6

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

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Date & Time: /3/3/	7000	Date & Time: /4	SAM	Tendey in thou	atting on the grant





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

1 of 4 Report No. T/20180312/2146

Date/Time Report Made: 12/03/2018 20:24	Vide Report No.: St	ation Diary No.:
Informant's Particulars Name of Informant: TAN WEE PIN, PEARLY	Address: APT BLK 80A TELOK BLANGAH STREET 3 SINGAPORE 101080	1 #18-105
ID Type / ID No.: NRIC NO / S8241259Z	Contact No.: Home/Office: Mobile: 9850 Email:	3125
SINGAPORE CITIZEN Sex: Age: Date of Birth: 07/12/1982	Type of Informant: Driver Language: Institution / S	School Name:
Race: Chinese Occupation: SAF REGULAR	English Driving Licence Information: Class: Date of Exp	iry:

ype of Others	Accide	
ocation: Along Road 1 Traveling Toward Roa FELOK BLANGAH ROAD ALEXANDRA ROAD		
along telok blangan road, near to i	Road Surface:	Road Speed Limit: 60 Km/h
Weather: Clear	Dry Traffic Control:	Traffic Volume: Moderate
Traffic Flow: Two Way	Traffic Light - Working	Anyone conveyed by ambulance:
Type of Collision: Between Moving Vehicles - Head T	o Rear	No

	hicle Involve			Color	Condition	No of Passenger
Vehicle No.	Type Car		FIT 1.3G A	White	Seriously Damaged	2
SJL4710B SKX6908K		CHEVROLET		Grey		0
SLU8495A		HONDA		White		

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