

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	19/03/2018 11:55
Date Of Accident	19/03/2018 08:35
Exact Location Of Accident	PUNGGOL RD TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5130H
Insured/Policyholder	
Name Of Registered Owner	SIM BOON KHENG (SHEN WENQING)
NRIC No	S7426293G
Email Address	DESSIMBK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91161901
Alternative Phone No	OTHERS-91161901

Vehicle Particulars

Manufacturer	LEXUS
Model	IS-250 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPCSN3003231800
Cover Note Number	08/01/2018 - 07/01/2019

Driver

Name of Driver	SIM BOON KHENG (SHEN WENQING)
NRIC No	S7426293G
Date Of Birth	06/08/1974
Occupation	INDOOR
Date Of Driving Pass	01/04/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91161901
Fax Number	
Contact Number	OTHERS-91161901
EMail Address	DESSIMBK@HOTMAIL.COM

Address	15 SENGKANG EAST AVE #09-14
Postcode	544806
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	3
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)	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

MOTOR CAR SLN6758S MOVED OUT OF THE SLIP ROAD AND STOPPED. BOTH TAXI SHD8517H AND MY VEHICLE WHO WAS FOLLOWING BEHIND APPLIED E-BRAKE TO STOP. HOWEVER, NEXT MOMENT ALL 3 VEHICLES WAS INVOLVED IN THE CHAIN COLLISION. I FELT GIDDY AFTER THE ACCIDENT AND WILL SEEK FOR MEDICAL TREATMENT LATER ON, IF NECESSARY.

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	SHD8517H
Vehicle Make/Model/Colour	YELLOW CITYCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PETER LOO KONG SOON
NRIC/Passport Number	S1506768C
Contact Number	97322127
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN6758S
Vehicle Make/Model/Colour	RED HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO KAY THIAM
NRIC/Passport Number	S1656585G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO.: SLS 5130H
INSURER : China
DATE & TIME: 19/03/18 @ 0835

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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: 19/3/18

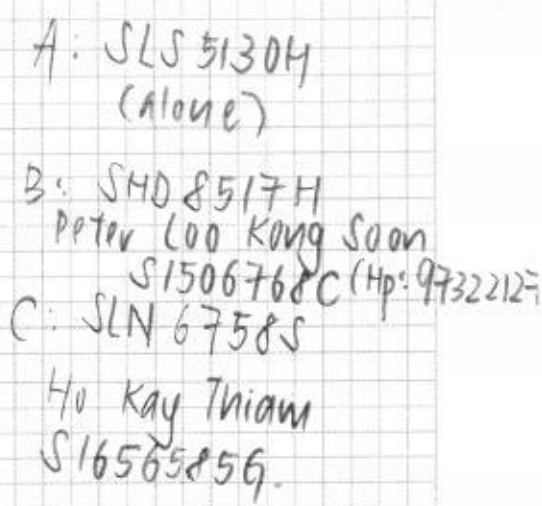
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Dunyu (Amk) 19/03/18
NRIC/FIN No.:

to
IPE



Vehicle No: SL5 5130H (China)
Date & Time: 19/03/2018 @ 0835 (clear day)

Motor car SLN 6758S moved out of the slip road and stopped. Both taxi SHD 8517H and my vehicle who was following behind applied e-brake to stop. However, next moment all 3 vehicles was involved in the chain collision. I felt giddy after the accident and will seek for medical treatment later on, if necessary.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

I/We declare the foregoing particulars are true in every respect.

Date & Time: 19/3/18

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

GIATMC SketchPlatform V3

() Claim Own Policy (/) Claim Third Party () Reporting Only

() Claim OD/TP at other workshop (_____)