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.	
	ACCIDENT STATEMENT
Date Of Report	22/03/2018 14:27
Date Of Accident	22/03/2018 06:50
Exact Location Of Accident	CROSS JUNCTION OF NORTH BUONA VISTA/DOVER RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2195C
Insured/Policyholder	
Name Of Registered Owner	M/S CHEER MINI-BUS SERVICES
Co Reg No	53009970E
Email Address	CHEERBUS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91129961
Alternative Phone No	OFFICE-91129961
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 D MICROBUS 4DR 5MT ABS AIRBAG (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1S3094981700
Cover Note Number	
Driver	
Name of Driver	LEE HOW CHER
NRIC No	S0138180F

 Name of Driver
 LEE HOW CHEF

 NRIC No
 \$0138180F

 Date Of Birth
 13/08/1950

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/02/1968

Driving Experience 50 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91129961

Fax Number

Contact Number OTHERS-91129961

EMail Address CHEERBUS@YAHOO.COM.SG

Address BLK 146 MEI LING STREET

#05-119

Postcode 140146

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

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1

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 4

Number of Passengers (Including Driver)

Passenger 1

NAME: : STUDENT

GENDER: : FEMALE

Passenger 2 NAME: : STUDENT

GENDER: : FEMALE

Passenger 3 NAME: : STUDENT

GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 SCK2813P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 15

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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 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:
 - 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 S Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

Sketch Plan #2

KETCH PLAN X / KA	MITION MORTH BURNA Y187A RO / DOUAR ROAD
	X OSC
	To provide She
	B SCK 2813 PARTIENTER!
	O SCK 28/18 WALL
	I ILBI S
ESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT
04 22/03/2018	AT ABOUT 06:48HER I WAS AT THE JUNCTUM
OF MORTH BUOY	NA VICTA ROAN & WIGHTON TO THERE PIGHT TIME
S DUB HOT IN	TO TURE RIGHT WAS IN MY FAVOUR . WHEN WENICLE MOVE 80 I TRY TO REWERSE BUT I HIT KAR B.
THAT ALL.	TOVE 80 I TRY TO KNOWNERS TO 1 I HIT MAKE B.
wind i fice.	
CLARATION	
	ticulars are true in every respect.
Control of the Contro	
CLARATION /e declare the foregoing parti	Driver's Signature (If driver is not the policyholder) Date & Time: Continue Contin

Sketch Plan #3

























