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	02/04/2018 12:53		
Date Of Accident	02/04/2018 10:55		
Exact Location Of Accident	BEFORE JUNCTION OF LOWER DELTA AND BUKIT PURMEI		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLK4169X		
Insured/Policyholder			
Name Of Registered Owner	PURPLUSH PRO SERVICES		
Co Reg No	53281623D		
Email Address	ORDERNOW2977@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90487710		
Alternative Phone No	OFFICE-90487710		
Vehicle Particulars			
Manufacturer	SEAT		
Model	TOLEDO 1.4 TDI		
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB		
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	DMHCSN743921801		
Cover Note Number			
Driver			

Name of Driver SEENIVASAN S/O PARAMANANTHAN

NRIC No S8701579C
Date Of Birth 18/01/1987
Occupation OUTDOOR
Date Of Driving Pass 15/05/2007

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90487710

Fax Number

Contact Number OTHERS-90487710

EMail Address ORDERNOW2977@GMAIL.COM

Address BLK 747 YISHUN STREET 72

#03-112

Postcode 760747

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

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Insurance Company of Driver's Own Vehicle

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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 2
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.

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

Number of Passengers (Including Driver)

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 SJV6253M

Vehicle Make/Model/Colour HONDA STREAM

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LAWRENCE LIM AIK WAN

NRIC/Passport Number S1251692D Contact Number 97844177

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 4

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 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:
 - 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:

Reporting Centre Personnell's Signature

Name: NRIC/FIN No.:

Sketch Plan #2

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	00	B) SUV 6253M
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SCRIBE CIRCUMSTANCES OF	The state of the s	
I was travelling	on Lover Delta	RD on the 2nd lane. As I was
loing Strainght a	nd there was a	car Infront of me, I decided to
change to the 30	4 lane. So I p	out my left signal on and was
waiting for the	3rd lane to cle	ear. On the 3rd lane thereo
was a Toyota Es	stima who gave	way to me. So I slowly
moved in to t	he 3rd lane. O	in the 4th lane there was
a which tamir	a test Into Bu	ukit Purmei Ave. Behind that vehic
on 40 4th la	ne there was a	a HONDA STREAM Coming at
VI. IVA	ne swerved into	the 3rd land while I was
halfway into t	ne 3rd lane ar	of hit my side.
MATERIAL INTO	VIC -10 I-10	
We moved forwar	nd and parked	our vehicles at the side after
Line in Cris To		e lady passenger of the other
Tric Traffic AC	- L She appla	gised to me and said that.
Venice came	MI DE HAPL	were rushing to collect asses.
she is very b	ald as then	MILE ASSISTED TO ESTA
TI 0 -1100 100	i-10 had 14 00	ccupants while mine was only
The other veh	icle mo 4 a	authoris wille
me.		
110 0 1 0 10	a dealers of	al photo sale on the spot.
We exchanged	particulars ar	al photo sale on the spot.
TO A DATION		
DECLARATION //we gectore the foregoing particular	lars are true in every respect.	/ / /
2	//	ar estex/no
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Pont Should s Signature Date & Time:	Driver's Signature (If driver's not the policyho	Reporting Centre Personnel's Signature Name: NBNC/FIN No.:
pare a come.	Date & Time:	NRIC/FIN No.:

Sketch Plan #3





































