SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

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	ACCIDENT STATEMENT
Date Of Report	02/04/2018 10:13
Date Of Accident	30/03/2018 20:20
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV6435G
Insured/Policyholder	
Name Of Registered Owner	SHAWN BERNARD TAN LIANG SWEE (SHAWN BERNARD CHEN L
NRIC No	S7224677B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97465078
Alternative Phone No	OTHERS-97465078
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 AWD (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	DMPCSN3008751800
Cover Note Number	27/01/2018 - 25/10/2018
Driver	
Name of Driver	SHAWN BERNARD TAN LIANG SWEE (SHAWN BERNARD CHEN L
NRIC No	S7224677B
Date Of Birth	14/07/1972
Occupation	INDOOR
Date Of Driving Pass	05/03/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97465078
Fax Number	
Contact Number	OTHERS-97465078

NOEMAIL

Address BLK 107 JALAN RAJAH #12-108

Postcode 310107

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

-

2

NO

NO

2

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME:

YES

NO

IE: : CHEW CHER JOANNA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ROCHER N.P.C

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

agress SINGAPORE

Police Station Contact TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20180330/2124.

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 SGL72X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GISELLE NG PEI PEI

NRIC/Passport Number S7435439D Contact Number 92707720

Address Postcode

Page 2 of 17

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEW CHER JOANNA

Approximate Age Injuries Sustain

Injured person in which vehicle? SLV6435G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

VEHICLE NO.: INSURER DATE & TIME: @

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:

- 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)
 - (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")
- 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
- 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:

02/04/18

- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

Tel No: 1800-2949999

1 of 4 Report No. T/20180330/2124

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 30/03/2018 22:12		Vide Report No.:	Station Diary No.: 134		
Informa	nt's Partic	ulars	以1950年的1960年的1960年,1960年	HERRY AND DESCRIPTION		
	f Informant: BERNARD	TAN LIANG	Address: APT BLK 107 JALAN RAJAH	#12-108 SINGAPORE 320107		
	/ ID No.: O / S72246	77B	Contact No.: Home/Office: Mobile: 97465078			
National SINGAP	ity: ORE CITIZ	EN	Email:	AH SWILLS AND CHOOSIE ON I		
Sex: Male	Age: 45	Date of Birth: 14/07/1972	Type of Informant:			
Race: Chinese		THE LOW EMPIORSO	Language: English	Institution / School Name:		
Occupation: SELF-EMPLOYED		10 amil) ad physic	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2018 20:20	Type of Location Straight Road
Location: Along Road 1 BALESTIER F	ROAD	10	(S435G (Cm)	
Weather: Clear	wind Disks of S office & offy District	Road Surface:		Road Speed Limit:
Traffic Flow: One Way	JB4 Feb.	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy
	ion:			Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGL72X	Car	PORSCHE	Panamera	Black	Slightly Damaged	0
SLV6435G	Car	SUBARU	FORESTER 2.0X AWD 4AT	Gold	Slightly Damaged	1 montes Y esset in read to self
			D/AIRBAGS			

Details of Vehicle Insurance	TO SECULO DE SECUE DE SECULO DE SECU	STATE OF STATE OF	NOTE A STREET
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



T/20180330/2124

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 2 of 4 Report No. T/20180330/2124

CONTINUATION OF REPORT

Details of V	ehicle Insurance	12 town or give a record of		医各国教育
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV6435G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30087518 00	27/01/2018	26/01/2019

Details of Perso	THE RESIDENCE OF THE PARTY OF T	The state of	Company of the	HERRY	x 2 9 8	网络伊朗斯里斯斯
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No. of Pedestrians Injured: NIL			Use of Pe	edestrian	Cross	sing: NA
Driver				S. C. C.	100	ALCOHOLD STATE
Name	Giselle Ng Pei Pei	distant	Type of Info	ID No	to estal	S7435439D
Related Vehicle	SGL72X (Car)		Language	Conta	ct No.	92707720
Hospital/Clinic	NIL Assumpted special grand ISS To sted B. Assumpted St. B. B. Assumpted St. B. B. Assumpted St. B. B. Ass			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-		
	ted Medical Leave	NIL	Degree o			
Driver	Carlo Medical Ecore	2003355	- Degree o	WANTED ST	1425256	
Name	SHAWN BERNARD TAN LIANG SWEE		ID No.		S7224677B	
Related Vehicle	SLV6435G (Car)			Contact No.		97465078
Hospital/Clinic	NIL Road Surface: Ro			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	rigal	Date Disc		NIL	Total Charge
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Passenger	TANKS IN SECTION S	Salah eta Salah	STATE OF STREET	Charles and	12012	A CONTRACTOR OF THE PARTY OF TH
Name	Chew Cher Joanna		ID No.		S7530265G	
Related Vehicle	SLV6435G (Car)			Contact No.		96826984
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
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T/20180330/2124

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

3 of 4 Report No. T/20180330/2124

CONTINUATION OF REPORT

Brief Details.

On 30/03/2018 at about 2023hrs, I was driving along Balestier Road. There were about 4 other cars in front of me.

When the traffic light turned green, the first car inched forward a little and stopped. This caused the rest of the cars in front of me to stop too. However, when I stopped my car, the car behind me hit into my car's rear bumper.

As such, my car rear bumper is slightly damaged and my wife, who was sitting beside me, was injured. She was using her phone when the accident happened. The impact caused her phone to hit her left lower eye area.

That's all.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 4 of 4 Report No. T/20180330/2124

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant:

Signature Of Interpreter: Not applicable	Date/Time: 30/03/2018 22:12
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	5,71 12