

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	03/05/2018 14:28
Date Of Accident	04/04/2018 09:15
Exact Location Of Accident	ECP TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL567A
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Insured/Policyholder

Name Of Registered Owner	TAY WEE LIN
NRIC No	S7110403F
Email Address	BNJMNTY71@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98156989
Alternative Phone No	OTHERS-98156989

Vehicle Particulars

Manufacturer	VOLVO
Model	V50 2.4I AUTO ABS AIRBAG
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	REPORTING ONLY
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	DMPCSN3114871701
Cover Note Number	

Driver

Name of Driver	OOI EE SUN
NRIC No	S7470850A
Date Of Birth	16/03/1974
Occupation	INDOOR
Date Of Driving Pass	29/07/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97982008
Fax Number	
Contact Number	
Email Address	CHRISTINAOOI316@GMAIL.COM

Address	BLOCK 82 DAKOTA CRESCENT #02-26
Postcode	399947
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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.	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

I TRAVELLED ALONG ECP TOWARDS CITY ON THE EXTREME RIGHT LANE. I TRIED TO CHANGE TO THE LEFT LANE, HOWEVER, FRONT VEHICLE B, SHA3693E SUDDENLY JAMMED BRAKE, AS A RESULT, I HIT ONTO THE REAR LEFT PORTION OF VEHICLE B. INITIALLY, I DECIDED TO DO A PRIVATE SETTLEMENT WITH VEHICLE B'S DRIVER, HOWEVER, HE DID NOT ADREE WITH THE REPAIR COST THAT I OFFERED, HENCE, I DECIDED TO FILE AN ACCIDENT 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	SHA3693E
Vehicle Make/Model/Colour	MERCEDES E220
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	IDRIS BIN YUSOF
NRIC/Passport Number	S1581116A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Accident Sketch Plan

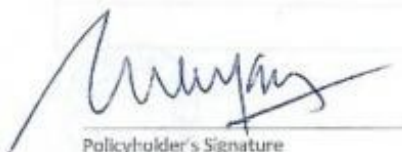
SKETCH PLAN

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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:

03.05.2018



Driver's Signature
(If driver is not the policyholder)
Date & Time:

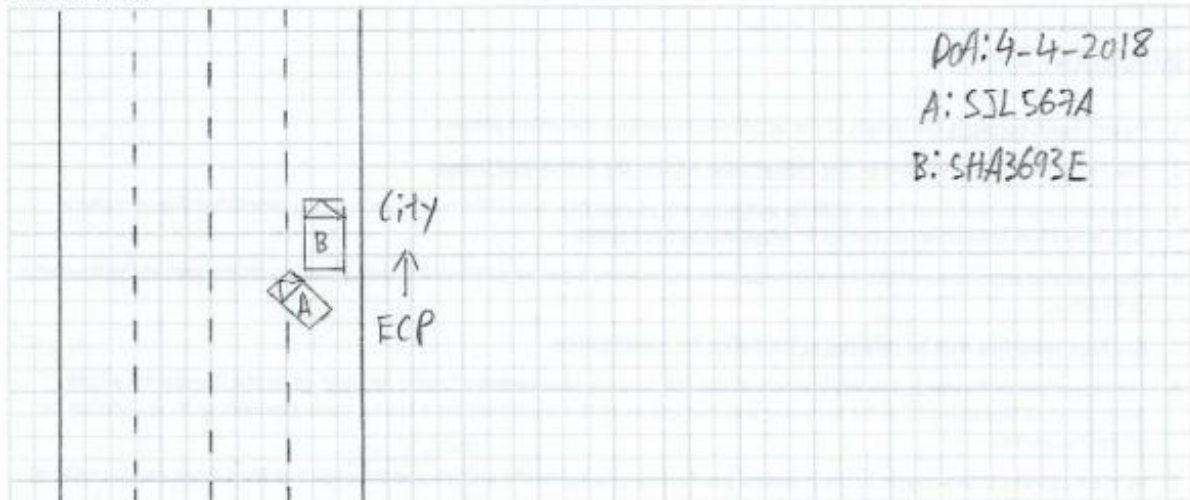


Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.: G3229391W



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I travelled along ECP towards City on the extreme right lane. I tried to change to the left lane, however, front Vehicle B, SHA3693E suddenly jammed brake, as a result, I hit onto the rear left portion of Vehicle B. Initially, I decided to do a private settlement with Vehicle B's driver, however, he did not agree with the repair cost that I offered, hence, I decided to file an accident report.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:



[Signature]

Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.: G3229391W

Identification Card



Driving Licence



 Accident  

I'm Sorry & My Apologies couldn't answer your Call / Message. I felt unwell & My head giddy after the accident. I could not drive. My company Advise to see Doctor. About the settlement. I have 2 Choices Option. 1) Repair by Company Cost about \$3200/- Or 2) You give \$2000, I'll settle by myself. Thank you.


7:29 PM

I have to get repair by Tomorrow morning @ Compay Workshop. Hope can give me an answer before 8am on 05/04/2018. Thank you.

7:36 PM

Thu, 5 Apr

How come yesterday afternoon when you called me, you told me you will get cash \$1600 and settle the car yourself? Then evening become \$2000?

8:18 AM 

I'm Not trying to take Advantage or making profit of it. Cause of Lost of Income & Rental. I'm taking Big risk whereby I have Passenger who complaint of pain and Both my front seat headrest airbag activate . If you Not willing to settle then I have to proceed to send my company worker this



TP Vehicle



TP Vehicle Damaged Part



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

