#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number 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

	ACCIDENT STATEMENT
Date Of Report	19/03/2018 10:55
Date Of Accident	19/03/2018 08:25
Exact Location Of Accident	PIE (NEAR ADAM RD EXIT)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB3726R
Insured/Policyholder	
Name Of Registered Owner	TAY MEE HUI (ZHENG MEIHUI)
NRIC No	S8228366H
Email Address	TAY.MEIHUI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97377497
Alternative Phone No	HOME-97377497
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	DMPCSN3091551700
Cover Note Number	30/11/2017 - 29/11/2018
Driver	
Name of Driver	CHEW BOON YEOW
NRIC No	S8310560G
Date Of Birth	06/04/1983
Occupation	INDOOR
Date Of Driving Pass	19/09/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81860412
Fox Number	

CHEWBOOYEOW@GMAIL.COM

Address BLK 38C BENDEMEER RD #19-852

Postcode 33303

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 - 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 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.

YES

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

MOTOR CAR SLE6987U APPLIED E-BRAKE INFRONT, AS SUCH I FOLLOW TOO. BUT DUE TO SHORT NOTICE, MY VEHICLE COULDN'T STOP IN TIME. MY VEHICLE FRONT PORTION HAD COLLIDED ONTO THE REAR OF SLE6987U. NO ONE WAS INJURED.

### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLE6987U

Vehicle Make/Model/Colour SUBARU FORESTER WHITE

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: \( \sum\_{B} 3726R \)
INSURER : \( \frac{16\ing}{1903/18\text{(0.0025}} \)

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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:
  - 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:

NRIC/

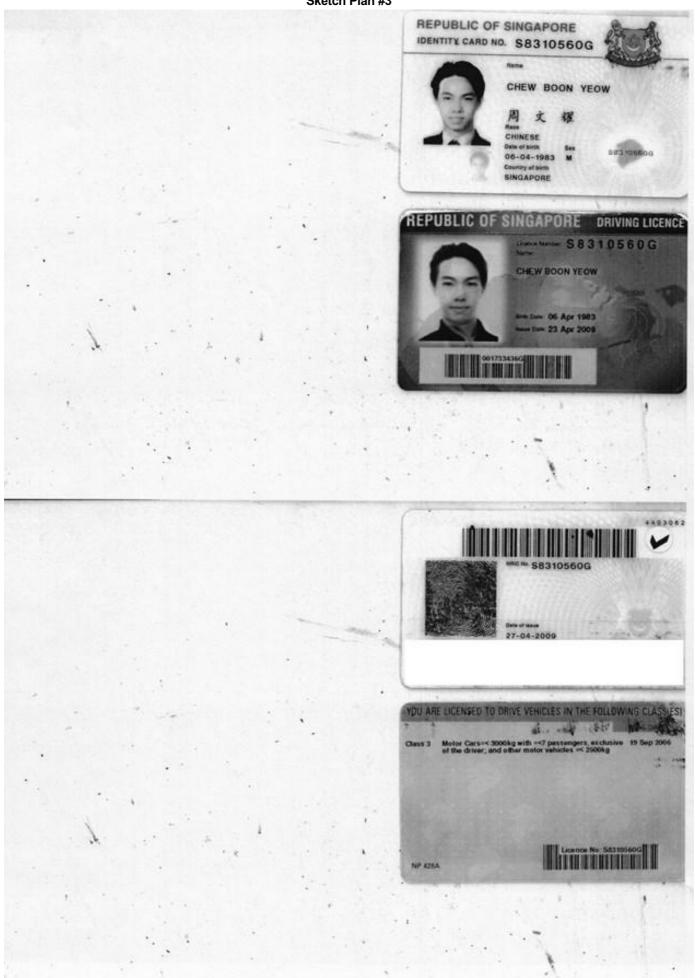
Reporting Centre Personnel's Signature
Name: ANAL ANAL

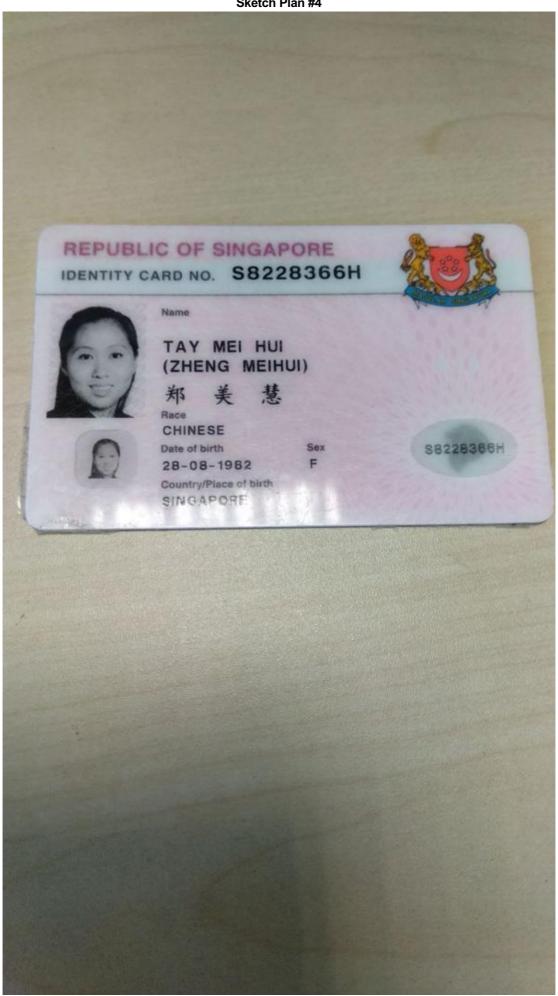
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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	(alove)
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	B: S(E 6987)
	Subam Forester, (alone)
<b>B</b>	(4,1081)
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ESCRIBE CIRCUMSTANCE	OF THE ACCIDENT
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Kenicle Mr. 77	3726R (China)
Sate of Times 1	103/18 (00825 (110aydn)
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Vehicle front pour	tion had collided onto the rear of SIE 69877 No
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Note: Please note that you under your own col	tion had collided onto the year of SLE 69870. No
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Note: Please note that you under your own conscious of the constitution of the constit	ur insurer may have 14days Time Frame for you to submit an Own Damage Claim insprehensive policy. Please check with your policy for more information.
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### Sketch Plan #3





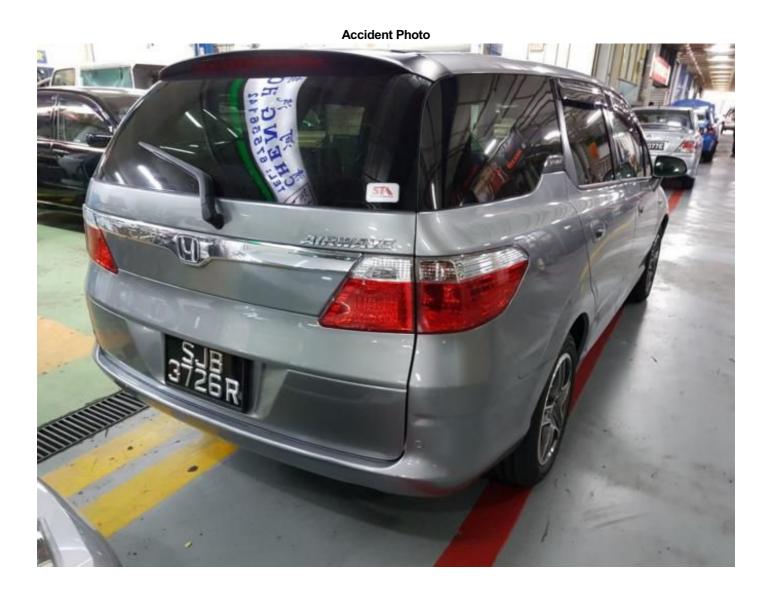












# TP DAMAGE PHOTO

