

## 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	11/04/2018 14:46
Date Of Accident	11/04/2018 10:30
Exact Location Of Accident	T/JUNCTION OF YIO CHU KANG LINK & BOUNDARY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW4988E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	REBECCA CHING SOO OOI
NRIC No	S7070542G
Email Address	REBECCACHING7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86883968
Alternative Phone No	OTHERS-86883968

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 (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?	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	DMPCSN1756031700
Cover Note Number	25/08/2017 - 24/08/2018

### Driver

Name of Driver	REBECCA CHING SOO OOI
NRIC No	S7070542G
Date Of Birth	26/08/1970
Occupation	INDOOR
Date Of Driving Pass	18/01/1991
Driving Experience	27 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86883968
Fax Number	
Contact Number	OTHERS-86883968
E Mail Address	REBECCACHING7@GMAIL.COM

Address	133 POH HUAT ROAD WEST #03-04
Postcode	546685
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	-
	-
	-

#### 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	
Was any body injured in the Accident?	NO
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.	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

REFER TO STATEMENT

#### 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	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

**SKETCH PLAN**

VEHICLE NO.: SDW4988E  
INSURER : China  
DATE & TIME: 11/04/2018 @ 1030

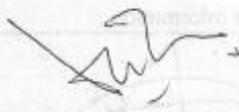
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

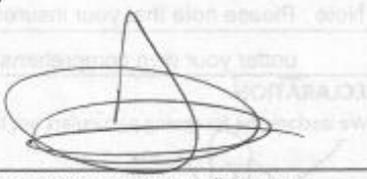
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



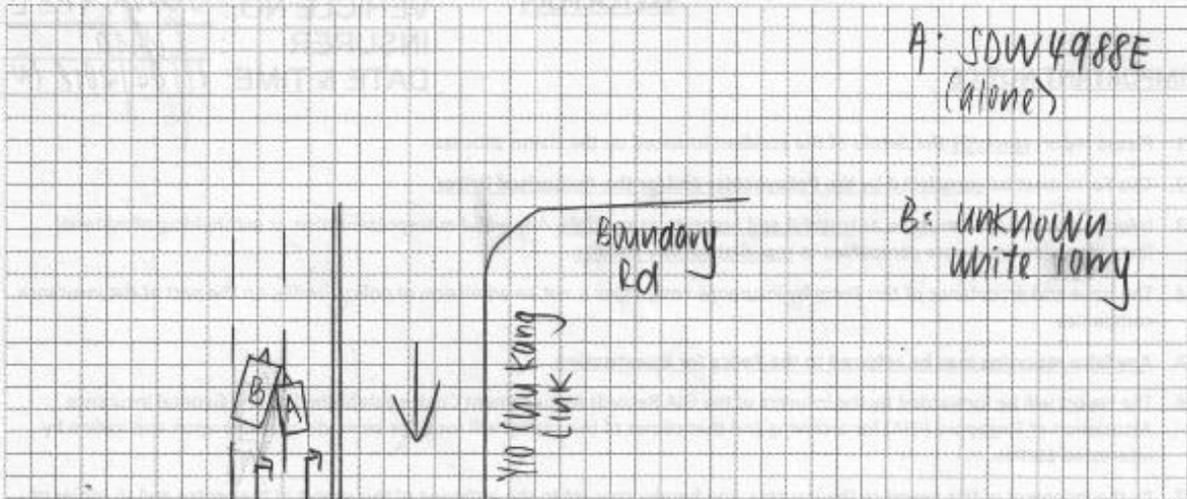
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: Jovlyn (AME)  
NRIC/FIN No.: 11/04/18

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SDW 4988E (China)  
 Date & Time: 11/04/2018 @ 1030 (clear/dry)

I signalled to filter to immediate left lane. I saw that it was clear and proceed to steadily filter to left. Next thing I know, a big white lorry was on my left. And my left side mirror folded when it got hit by lorry.

I was in shocked. A chinese man in dark blue polo tee came out straightaway and took photo. He said he will claim 3rd party and then drove away without telling me anything else. I was lost and drove to work.

After checking with my insurance broker I was told to lodge a report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature:  Date & Time: \_\_\_\_\_

Driver's Signature (if driver is not the policyholder): \_\_\_\_\_ Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature:  Name: (AMK) NRIC/FIN No.: \_\_\_\_\_

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party (x) Reporting Only ( ) Claim OD/TP at other workshop ( )

Sketch Plan #3

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7070542G**  
Name: **REBECCA CHING SOO OOI**  
Birth Date: **26 Aug 1970**  
Issue Date: **19 Oct 2004**

001292336D

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7070542G**



Name: **REBECCA CHING SOO OOI**  
Name: **鍾思慧**  
Race: **CHINESE**  
Date of Birth: **26-08-1970** Sex: **F**  
Country of Birth: **MALAYSIA**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 3	Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors /vehicles $\leq$ 2500 kg	18 Jan 1991

NP 428A

Licence No: **S7070542G**

8352428



SPIC No: **S7070542G**



Nationality: **MALAYSIAN**  
Blood Group: **AB+** Date of issue: **31-03-2000**

Accident Photo



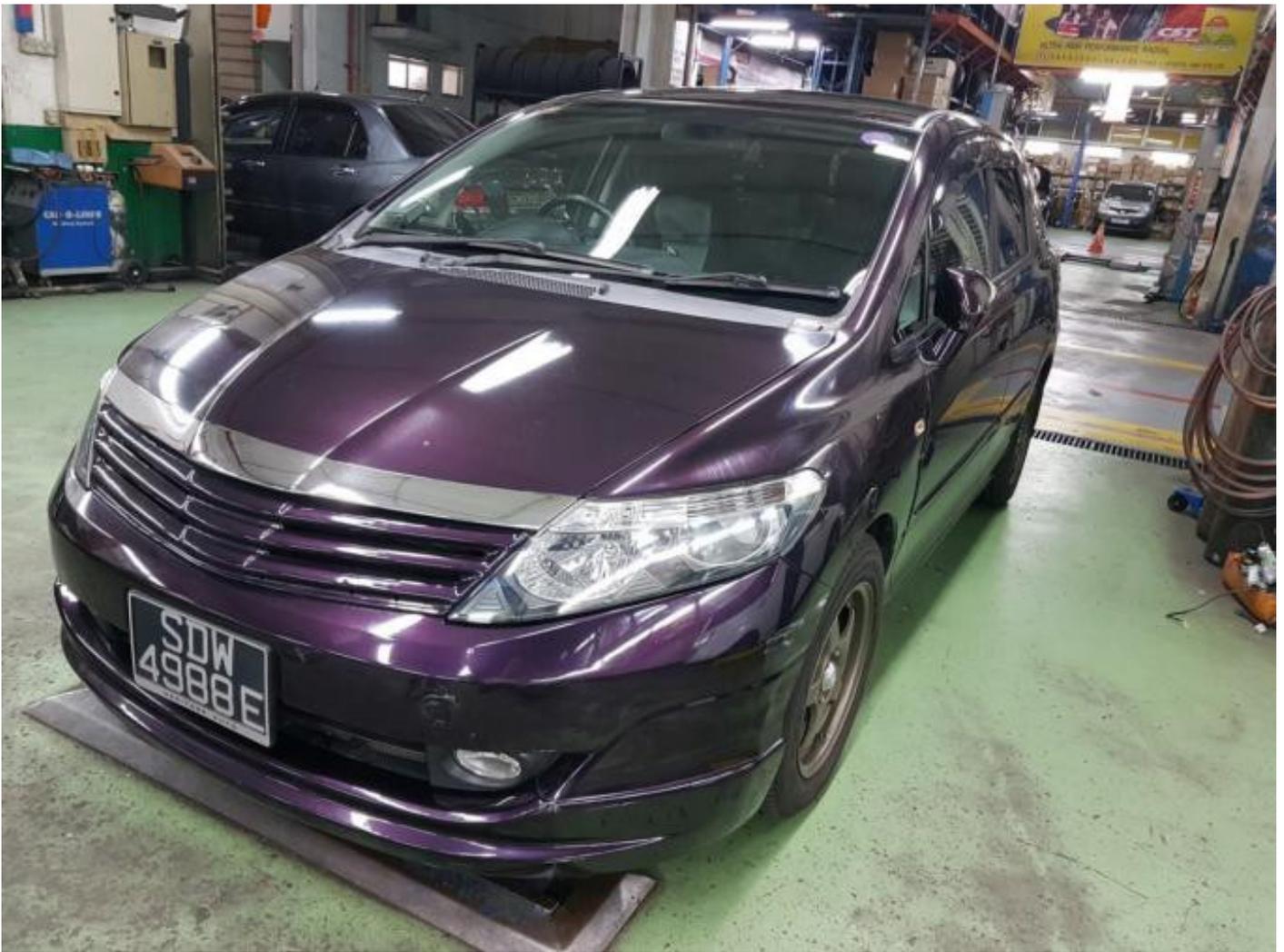
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCHM18048259 Vehicle Registration No: SDW 4988E
Name(as shown in NRIC) : Rebecca Ching Soo Joo NRIC/FIN/Passport No : S70705426
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : 133 Poh Huat Rd West #03-04 Singapore(546685)
Contact (Tel) : - Mobile No. : 86883968
Email Address : rebecca.ching7@gmail.com
Date of Accident : 11/04/2018 Time of Accident : 10:30
Place of Accident : T/Junction of Yio Chu Kang Link & Boundary Rd
Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend from Reporting Only to Own Damage claim.

Policyholder / Driver's Signature
Date: 12/4/18

Reporting Centre Personnel's Signature
Name: Dorlyn Li
NRIC/FIN No.:
Date: 12/04/2018

