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 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.

	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 presaid.		
		ACCIDENT STATEMENT	
	Date Of Report	19/04/2018 11:00	
	Date Of Accident	19/04/2018 08:15	
	Exact Location Of Accident	BUANGKOK DRIVE TWDS BUANGKOK GREEN	
	Country/State of Loss	SINGAPORE	
	D	ETAILS OF OWN VEHICLE	
	Vehicle Registration Number	SKR6334Y	
	Insured/Policyholder		
	Name Of Registered Owner	PECK HOON WAI MARCUS	
	NRIC No	S8402945I	
	Email Address	PECK.MARCUS@GMAIL.COM	
	Mobile Phone No	(LOCAL) +65-92310214	
	Alternative Phone No	OTHERS-92310214	
	Vehicle Particulars		
	Manufacturer	HONDA	
	Model	JADE HYBRID-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	

insurance Company				
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	DMPCSN1725861801			
Cover Note Number	08/04/2018 - 07/04/2019			
Driver				

Driver	
Name of Driver	PECK HOON WAI MARCUS
NRIC No	S8402945I
Date Of Birth	14/02/1984
Occupation	INDOOR
Date Of Driving Pass	23/09/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92310214
Fax Number	
Contact Number	OTHERS-92310214

EMail Address PECK.MARCUS@GMAIL.COM Address BLK 326C ANCHORVALE ROAD #06-274

Postcode 543326

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

-

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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.

Number of Passengers (Including Driver)

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

TRAFFIC ON THE RIGHT HAD CLEARED, I THEN ACCELERATE TO MOVE FORWARD, THINKING THAT MOTOR TAXI SHC7452Y WILL MOVED OUT. HOWEVER, TAXI SHC7452Y DID NOT MOVED ON. AS SUCH, MY VEHICLE FRONT PORTION HAD COLLIDED ONTO THE REAR OF SHC7452Y, NO ONE WAS INJURED.

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 SHC7452Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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.: \$\(\frac{\kappa \kappa 6334\forall }{\alpha \text{INSURER}}\)
DATE & TIME: \(\frac{\gamma \kappa \frac{\kappa 6334\forall }{\gamma \frac{\alpha \fra

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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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 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: 19 1041 2018

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No .:

GIARMIC SketchPlanForm_V3

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