

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	23/04/2018 15:35
Date Of Accident	20/04/2018 08:05
Exact Location Of Accident	B4 JUNC OF SEMBAWANG RD & YISHUN AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8422T
Insured/Policyholder	
Name Of Registered Owner	MDM TAN CHIN NA REGINA
NRIC No	S8028308C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808422
Alternative Phone No	OTHERS-96808422

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	DMPCSN1527511702
Cover Note Number	

Driver

Name of Driver	ZHANG MUTONG,EDMUND
NRIC No	S8301173D
Date Of Birth	10/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83331173
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 686 HOUGANG ST 61 #07-172
Postcode	530686
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	
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

PLS REFER TO THE ATTACHED 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	SHC119G
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)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the Data & Information to report on the accident.
2. The form must be completed by the Policyholder and/or the Authorized Driver.
3. Information supplied must be truthful and accurate as possible. Any false information supplied in this form may result in immediate policy liability.
4. The insured is not to be held responsible for any damage to the vehicle or property of the insured.
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 ensuring that that copies of this report will for a fee be made available upon application by interested parties.
7. By the signing of this report, the insured is not to be held responsible for any damage to the vehicle or property of the insured.
8. Consent under the Personal Data Protection Act (PDPA).

I, the undersigned, do hereby agree, agree and consent that:

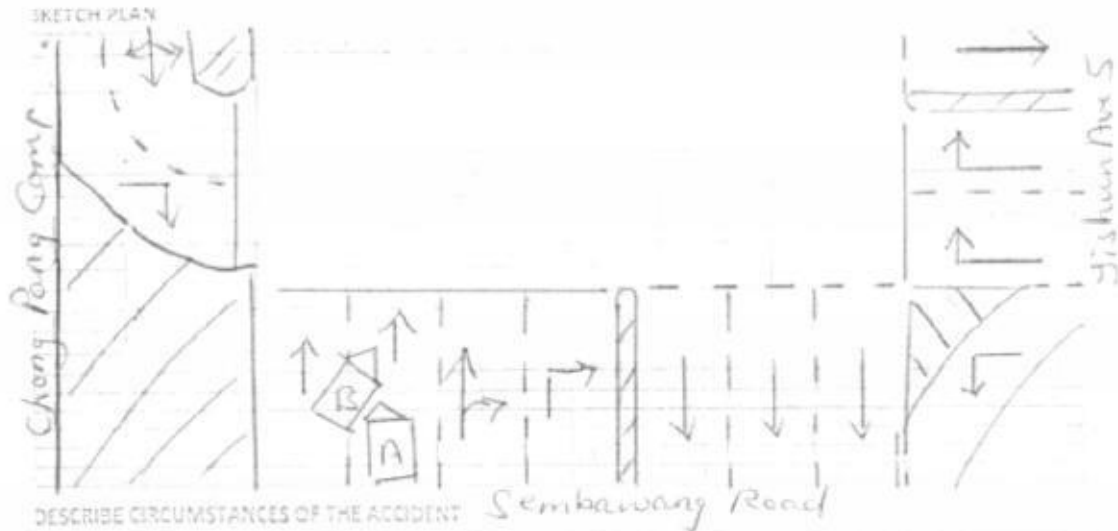
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 claim;
 - (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 envelope/mail packages); and/or
 - (v) complying with all applicable laws, regulations, processing, handling and/or dealing with my claims and with my the "Insurers".
- (b) My insurer, 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 Purpose(s) and my Personal Information may, without restriction, be used by the Insurers and/or GIA to make third party services providers or other service providers aware of the fact, which may involve disclosure of Singapore, for one or more of the above Purpose(s) and/or for any other purpose which may be necessary for the purpose of the collection, use, disclosure and/or processing of my Personal Information and my insurer and/or the Insurers may use the same.
- (c) I agree with the collection, use, disclosure and/or processing of my Personal Information and my insurer and/or the Insurers may use the same.
- (d) I agree to provide and/or permit any other parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, or
- (e) 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:

For the Centre Personal's Signature
Name
NRIC/IN No:

Individual Statement



On 20/04/2018 at about 0805 hrs before Junction of Sembawang Road and Yishun Ave 5. I was travelling on the 2nd lane from the Right along Sembawang Road towards Gambas Ave and when coming towards the above mentioned Junction, I checked that my left lane was cleared as such I switched my lane. ^{on the 3rd lane} While I was, a Vehicle (B) on the extreme left lane made a reckless switching of lane and encroached into my lane without cautions and hence collided onto my left front portion of my Vehicle (A) causing damages to my Vehicle.

(A) SJX 8422 T
(B) SHC 119 G

DECLARATION

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

Police Officer's Signature
Date & Time

Driver's Signature
(If driver is not the police officer)
Date & Time

Reporting Officer's Signature
Name
Date & Time