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 <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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	26/04/2018 14:52	
Date Of Accident	25/04/2018 17:40	
Exact Location Of Accident	SHOWA DENKO HD (S) PTE LTD. STAFF CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKX1964E	
Insured/Policyholder		
Name Of Registered Owner	MDM TAY PHAY GEOK	
NRIC No	S7147640E	
Email Address	ZEN.JOSHUA81@GMAIL.CPM	
Mobile Phone No	(LOCAL) +65-97951308	
Alternative Phone No	OTHERS-97951308	
Vehicle Particulars		
Manufacturer	HONDA	
Model	JAZZ	
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED	
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	DMPCSN3076021700	
Cover Note Number		
Driver		

Driver

Name of Driver TAY KUN SENG (ZHENG KUNSHENG)

 NRIC No
 \$8133064F

 Date Of Birth
 06/10/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 08/12/2006

Driving Experience 11 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97951308

Fax Number

Contact Number OTHERS-97951308

EMail Address ZEN.JOSHUA81@GMAIL.CPM

BLK 780E WOODLANDS CRESCENT Address

#15-77

Postcode 735780

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SIBLING**

Vehicle Registration Number of Driver's Own

General Information of the Accident

Vehicle

Insurance Company of Driver's Own Vehicle

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

NO

0

NO

NO

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?

YES Was any other material or property damaged?

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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1 GBE4204C Vehicle Registration Number

Vehicle Make/Model/Colour

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)

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Accident Sketch Plan

SKETCH PLAN

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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:

- + IT.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN NO

Accident Sketch Plan

ETCH PLAN	
	T 1 1-1 1 1 A SKX 1964E
	for Pork Lot A
	1 1 1 B = GBE 4204C
	→ Showa Denko HD
	Singapore Pte Ltd
	Staff (arpark (At 2 Pioneer 628553)
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT
	Refer to attach
	/
/	
/	
ECLARATION	
We declare the foregoing part	ticulars are true in every respect.
	25
	av soletjew
olicyholder's Signature	Driver's Signature Reporting Centre Personne's Signature (If driver is not the policyholder) Name:
Date & Time:	(If driver is not the policyholder) Date & Time: NRIC/FIN No.: LOG W TIME:

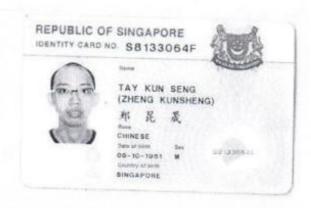
Accident Sketch Plan

On 25th April 2018, 1740hrs at Showa Denko HD Singapore Pte Ltd staff carpark located at 2 Pioneer Crescent 628553, I came back to collect my vehicle and saw a piece of paper on my windscreen, stating one name 阿忠 and phone number and 不好意思. I then saw my right front and right side was damaged. I made a call to the mobile number written on the paper and the other party admitted he have banged onto my car accidentally.

My Car: SKX1964E

3rd party Car: GBE4204C

an 26/04/2018
ROSLINAHAS



SEX 1964E driver





SEX1964E driver

















