

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	24/04/2018 15:18
Date Of Accident	21/04/2018 10:50
Exact Location Of Accident	NEWTON CIRCLE ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH266C
Insured/Policyholder	
Name Of Registered Owner	YIONG YIM MING
NRIC No	S7415038A
Email Address	DANIEL.WONG.CERCAMICS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93363668
Alternative Phone No	OFFICE-93363668

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP306252
Cover Note Number	

Driver

Name of Driver	YIONG YIM MING
NRIC No	S7415038A
Date Of Birth	10/04/1974
Occupation	INDOOR
Date Of Driving Pass	07/09/2000
Driving Experience	17 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93363668
Fax Number	
Contact Number	OFFICE-93363668
E Mail Address	DANIEL.WONG.CERCAMICS@GMAIL.COM

Address BLK 3 ANTHONY ROAD #03-03
 Postcode 229953
 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 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
 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

ON 21-4-2018 AT ABOUT 10.50 AM , I WAS DRIVING ALONG NEWTON CIRCLE ROUNDABOUT AND MY VEHICLE WAS STOPPED AT THE 2ND LANE FROM MY RIGHT DUE TO RED LIGHT , WHILE WAITING FOR THE LIGHT CHANGE GREEN . SUDDENLY I FELT A IMPACT FROM THE REAR LEFT OF MY VEHICLE. I QUICKLY WENT OUT TO MY VEHICLE TO CHECK , SAW THE TAXI SHC740L HIT ONTO MY VEHICLE REAR , TO PREVENT OBSTRACT THE TRAFFIC , BOTH OF US DRIVE OUR VEHICLE TO KENG LEE ROAD AND STOP THERE FOR EXCHANGE PARTICULAR , AT FIRST THE TAXI DRIVER INTEND TO PAY MY VEHICLE DAMAGED, AND I BROUGHT THE TAXI DRIVER WENT TO MY MECHANIC TO CHECK THE DAMAGED WHICH WAS AT BUKIT TIMAH RD SHELL STATION , AFTER INSPECT BY THE MECHANIC SAYING THE DAMAGED IS MORE THAN A THOUSAND , AND THE TAXI DRIVER ADVISE ME TO CLAIM FROM THE INSURANCE COMPANY , 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 SHC740L
 Vehicle Make/Model/Colour HYUNDAI CITYCAB
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver ER CHIN WEE
 NRIC/Passport Number S1330492J
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Sketch Plan

SKETCH PLAN

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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

Records Centre Facilitator's Signature
Name
NRIC No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Polyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NARC #/IN No