

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	02/05/2018 20:13
Date Of Accident	02/05/2018 08:45
Exact Location Of Accident	ALONG TELOK BLANGAH HEIGHTS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5538T
Insured/Policyholder	
Name Of Registered Owner	YIP SIEW LING
NRIC No	S7332894B
Email Address	JENNIFERYIPSL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90072873
Alternative Phone No	OTHERS-90072873

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	REPORTING ONLY
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	DMPCSN1431901703
Cover Note Number	

Driver

Name of Driver	YIP SIEW LING
NRIC No	S7332894B
Date Of Birth	15/09/1973
Occupation	INDOOR
Date Of Driving Pass	07/09/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90072873
Fax Number	
Contact Number	OTHERS-90072873
Email Address	JENNIFERYIPSL@HOTMAIL.COM

Address	BLK 57 TELOK BLANGAH HEIGHTS #03-123
Postcode	100057
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 - MAJOR/MINOR RD
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SON GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDS8880B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GERALD
NRIC/Passport Number	
Contact Number	83088088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident 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:

[Signature]
2nd May 2018

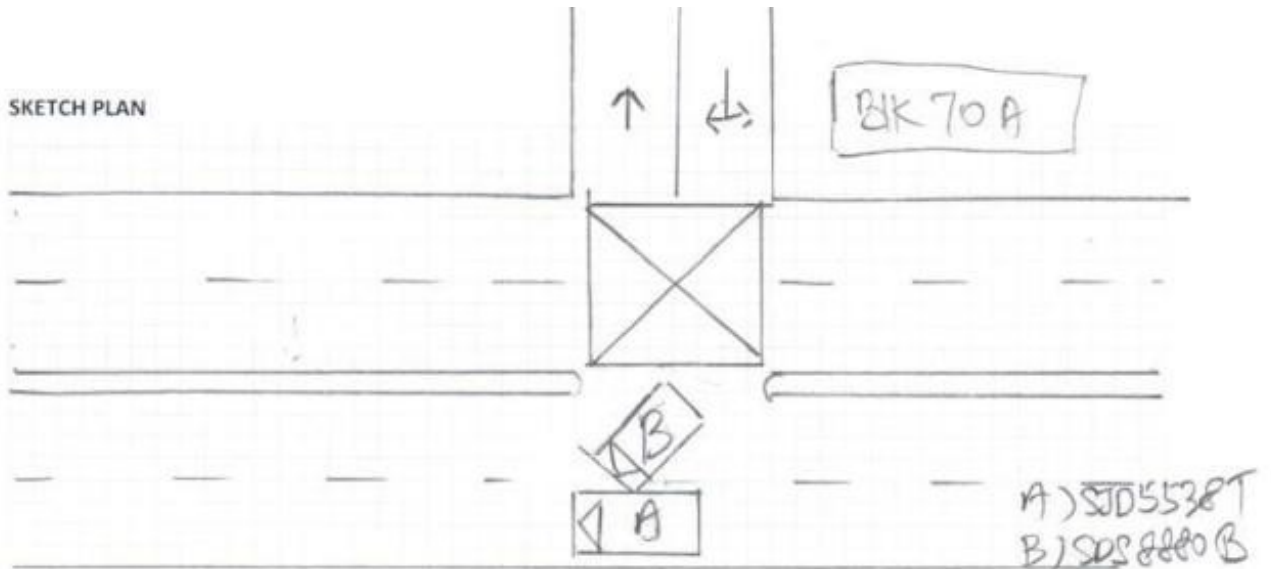
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

[Signature]
Name: *[Signature]*
NRIC/FIN No: *[Signature]*
14/05/2018

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Telok blangah heights, left lane. Just after the Carpark entrance / exit of block 70A, a white BMW (SDS8880B) hit my (SJD5538T) Toyota Vios on the right driver door. We moved to the side away from exit / entrance to exchange particulars. The white BMW was not damaged.

DECLARATION

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

Policyholder's Signature

Date & Time: 2nd May 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

LETTER

Private Settlement Agreement

Date / Time of Accident : 02/05/2018 @ 0830hrs

Location :

Telok Blangah Heights towards Henderson Road
(in front Blk 70A Telok Blangah Heights)


Terms of Agreement:

1. Neither party shall make a police report as there are no bodily injury(s) or death involved.
2. This matter is settled amicably as follows (please tick):
 - ☐ Neither party shall be liable to compensate the other party for any loss or damages (directly or indirectly) incurred or to be incurred as a result of the accident.
 - ☒ Party A has paid Party B a sum of S\$ 380/xx which Party B unconditionally accepts and hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Xinyi Auto Services
Pte Ltd

Particulars of Drivers Involved in Accident


(Party A)

Name : PHU KENG MENG
NRIC No. : S7601029C
Telephone : 83 088 088
Vehicle No. : SDS 8880B
Signature : 




SID5538T

47797

(Party B)

Name : YIP SIEN LING
NRIC No. : S7332894B
Telephone : 90072873
Vehicle No. : SID5538T
Signature : 

Witnessed By

Name : 
NRIC No. : 
Signature : 

Download More Copies at www.MotorInsuranceSingapore.com/private-settlement-form

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7332894B



YIP SIEW LING

叶秀伶

Race
CHINESE

Date of Birth Sex
15-09-1973 F

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7332894B

Name:
YIP SIEW LING

Birth Date: 15 Sep 1973

Issue Date: 07 Sep 2010



NRIC No. S7332894B



Date of issue
23-07-2004

Address
APT BLK 57 TELOK BLANGAH HEIGHTS
#03-123
SINGAPORE 100057

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 2 Motor Cars <= 2000kg with <= 7 passengers, inclusive of the driver, and other motor vehicles <= 2000kg 07 Sep 2010

NP 426A



Accident SCENE



Accident SCENE



Accident SCENE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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