### 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.	some the tribinitying of this report at the confidence and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/05/2018 15:52
Date Of Accident	21/05/2018 07:05
Exact Location Of Accident	KPE TWDS ECP BEFORE PIE (TUAS) EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5994K
Insured/Policyholder	
Name Of Registered Owner	LEE ENG LEANG
NRIC No	S8616627E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92312742
Alternative Phone No	OFFICE-92312742
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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
B !!	D. (D. C.) (1.05.05.4.70.4

Policy Number DMPCSN1650541701

Cover Note Number

### **Driver**

Name of Driver

NRIC No

S8616627E

Date Of Birth

Occupation

Date Of Driving Pass

LEE ENG LEANG

S8616627E

13/06/1986

INDOOR

11/01/2005

Driving Experience 13 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92312742

Fax Number

Contact Number OFFICE-92312742

EMail Address NOEMAIL

**BLK 310C PUNGGOL WALK** Address

#08-606

Postcode 823310

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**

**COLLISION - HEAD TO REAR** Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

2 Number of Passengers (Including Driver)

Passenger 1

NAME: : ELEEN SEAH YI LING

GENDER: : FEMALE

#### **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**

### REFER TO STATEMENT.

# Attachment(s)

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

NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGV9796D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### Accident Sketch Plan

#### SKETCH PLAN

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- The 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 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 (POPA)

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 insurers) 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# **Accident Sketch Plan**

SKETCH PLAN

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time

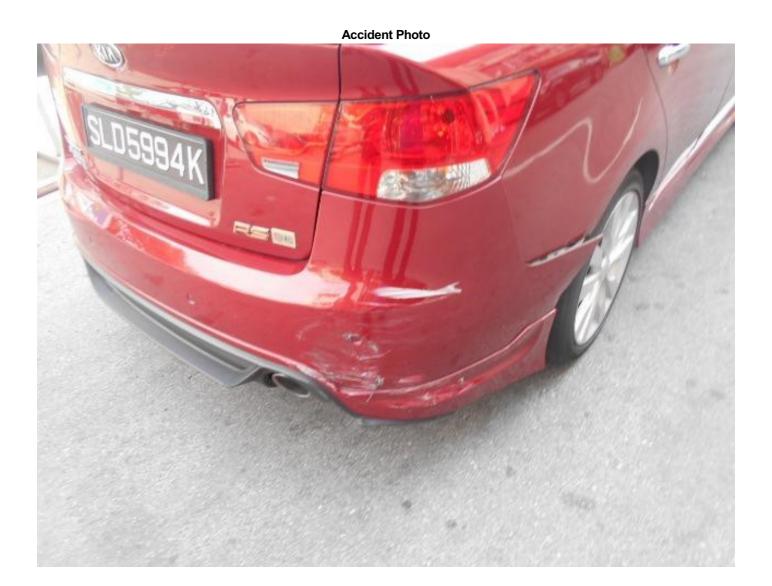
Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personne?'s Signature Name: NRIC/FIN No.:

# **Accident Photo**





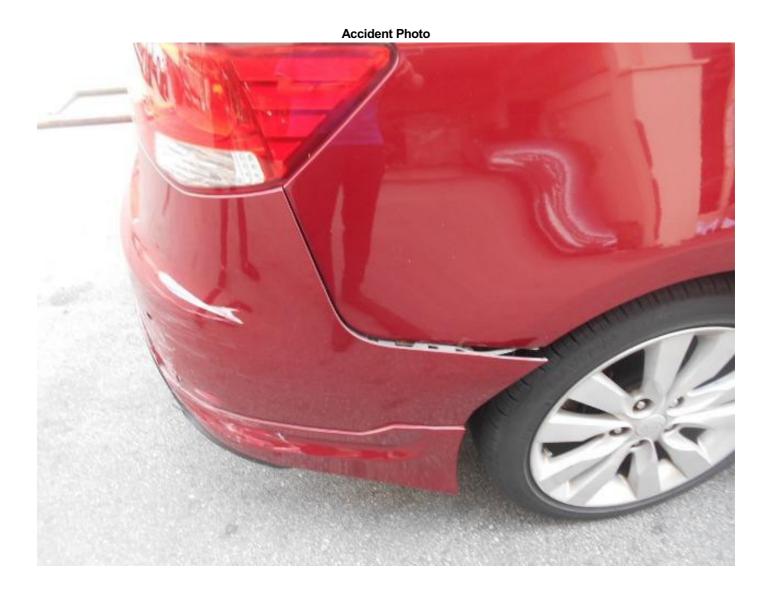




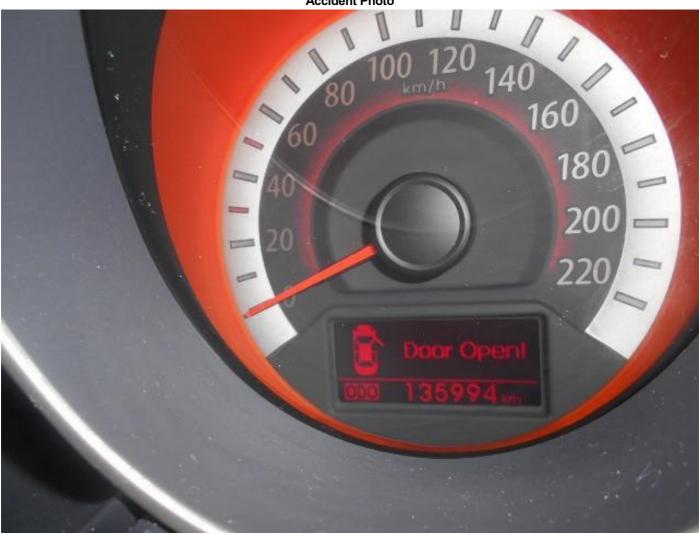


# **Accident Photo**





# **Accident Photo**





# **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE STARTING CLAY #18-00 SINESSON DARSES
"#18651-5224-0010" Fis. Int. 5224-0030
Operating Hours Monday to Fricay, 09-00 - 17-00
UNIX 5865500200 / 657 Nrg. No. 6480017726

IMPORTANT NOTE: Please submit the completed Addendum form to the same. Authorised Reporting

	ADDEND	I I A	
IN BARRIES		433,447	
(A) PARTICULARS OF	ERSON MAKING THE AMENDMENT	15.	000000000000000000000000000000000000000
Original Report No	MNA118066043	VehicleRegistration.No	SLD 5994K
$(\mathcal{A}_{i,j})_{i,j}=(\mathcal{A}_{i,i+1})_{i,j+1},\dots,\mathcal{A}_{i,j}=(\mathcal{A}_{i,j+1})_{i,j+1}$	Lee Eng Llang	NRIC/FIN/Passport No	386146278
( <del>Settina i nga</del> ) (	ehicle Owner! (*) Please delete as a	ppropriate	
Appress	Blk 310c punggol Walk	408-606	Singapores 8233)
Contact (fel)	1 01	Mobile No. 9231	742
Final Address			
Oate of Accident	21/05/15	Time of Accident 07	105hrs
Place of Accident	KPE Towards FCP Defore		
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Date: