

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	04/06/2018 10:35
Date Of Accident	02/06/2018 13:05
Exact Location Of Accident	BEDOK CENTRAL BLK 208A MULTI-STORY CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS688U
Insured/Policyholder	
Name Of Registered Owner	MR LEE PIN KWAN
NRIC No	S7673167E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98435795
Alternative Phone No	OTHERS-98435795

Vehicle Particulars

Manufacturer	AUDI
Model	-
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?	YES
If No, Please state action to be taken	
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	DMPCSN3015201702
Cover Note Number	

Driver

Name of Driver	POH AI LENG (FU AILING)
NRIC No	S7723491H
Date Of Birth	08/09/1977
Occupation	INDOOR
Date Of Driving Pass	27/06/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98435039
Fax Number	
Contact Number	OTHERS-98435039
E-Mail Address	NOEMAIL

Address	214 JALAN EUNOS #04-84
Postcode	419551
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL 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

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	EH800G
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWA KIM SOON
NRIC/Passport Number	S1168028C
Contact Number	82028888
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. 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:
 - (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:

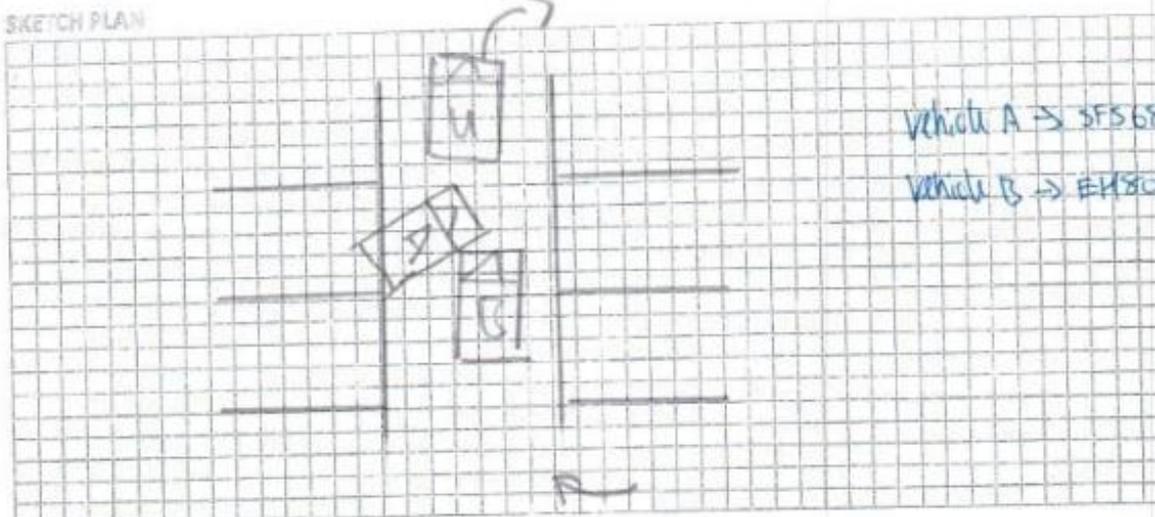
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

Bedok Central BLK 208A Multi-Story Carpark

SKETCH PLAN



Vehicle A -> 3FS688U

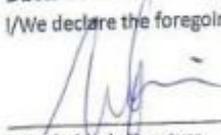
Vehicle B -> #H8006

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

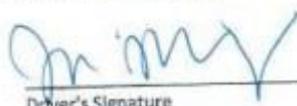
I was completely stationary on the multi-story of Bedok central Block 208A. As there's a heavy jam my car was stationary waiting for the queue to move off. All of a sudden, I felt an impact from my vehicle front left portion.

DECLARATION

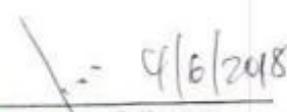
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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

 4/6/2018

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

Sketch Plan #3

Driver



MPC No. S7723491H



Date of issue
20-12-2010

Address
214 JALAN EUNOS #04-04
SINGAPORE 419551

MPC No. S7723491H Date 28/06/2016

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

EFFECTIVE DATE 27 Jun 2005

Class 3A Motor cars without clutch pedals (Auto) <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

NP 435A

License No. S7723491H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7723491H



Name
POH AI LENG
(FU AILING)
傅爱玲

Race
CHINESE

Date of birth 08-09-1977 Sex F

Country of birth
SINGAPORE

S7723491H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Client Number: S7723491H

Name
POH AI LENG
(FU AILING)

Exp. Date 08 Sep 1977
Issue Date 20 Dec 2010



Accident Photo



Accident Photo



Accident Photo



Accident Photo



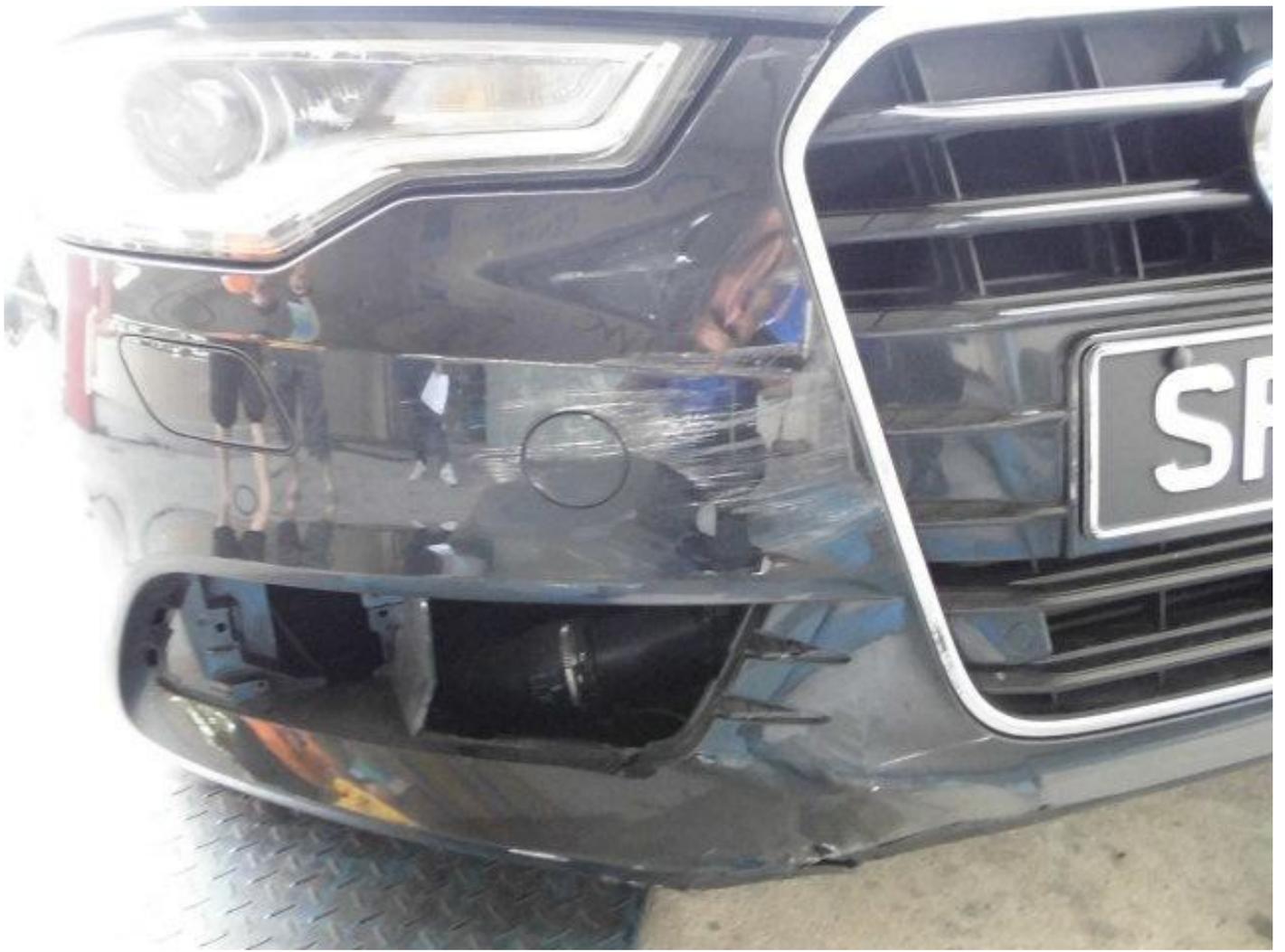
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



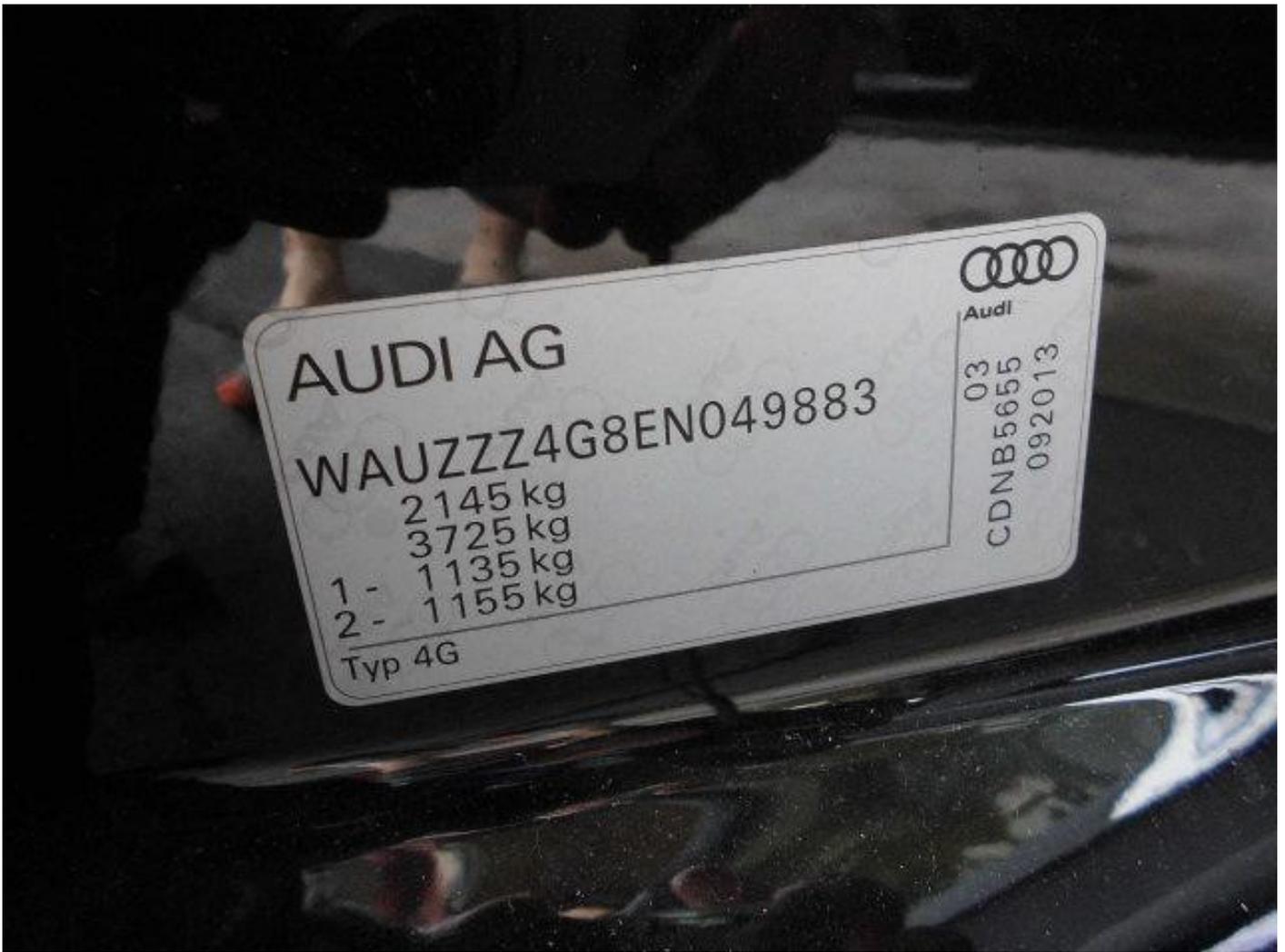
Accident Photo



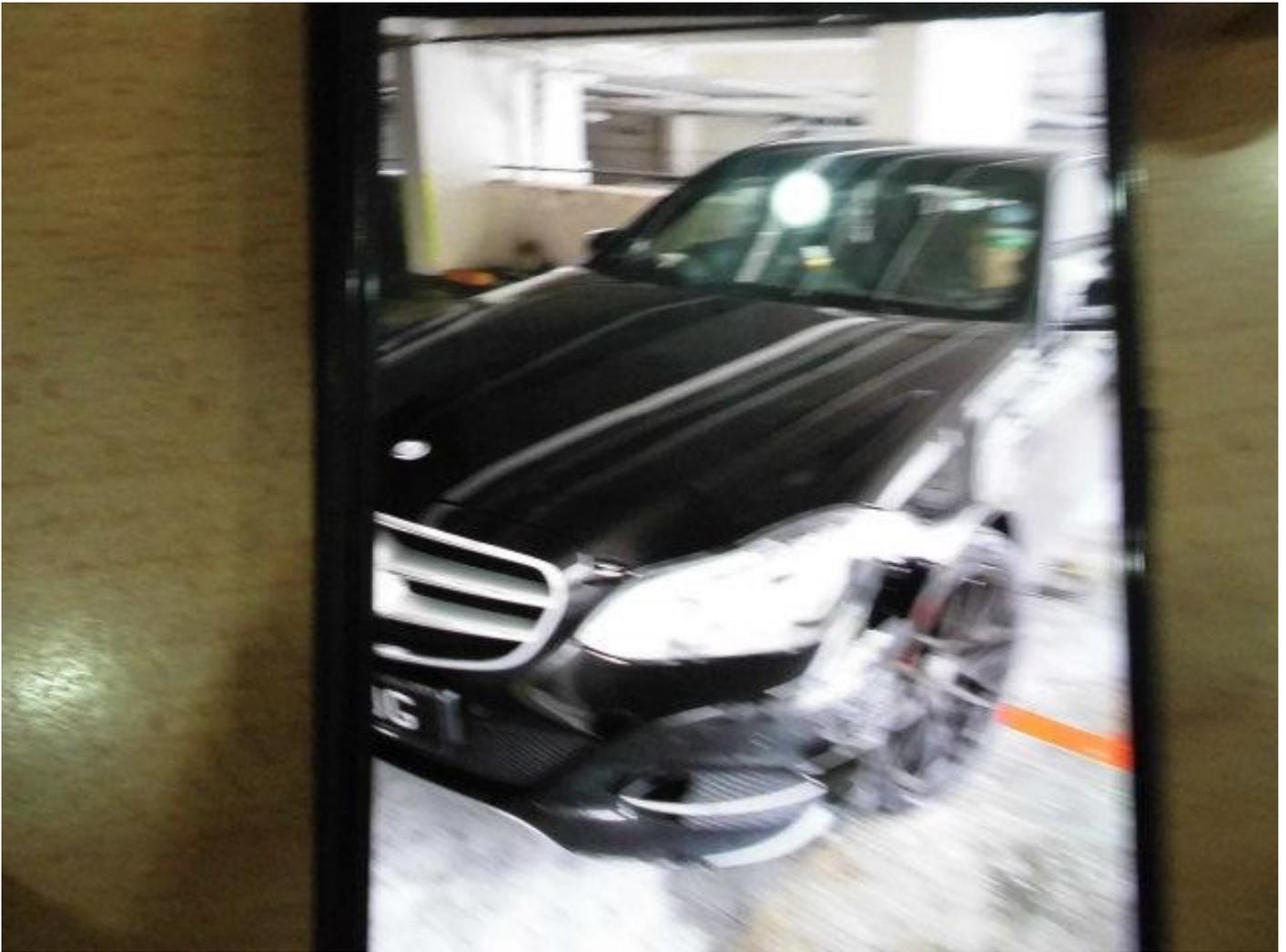
Accident Photo



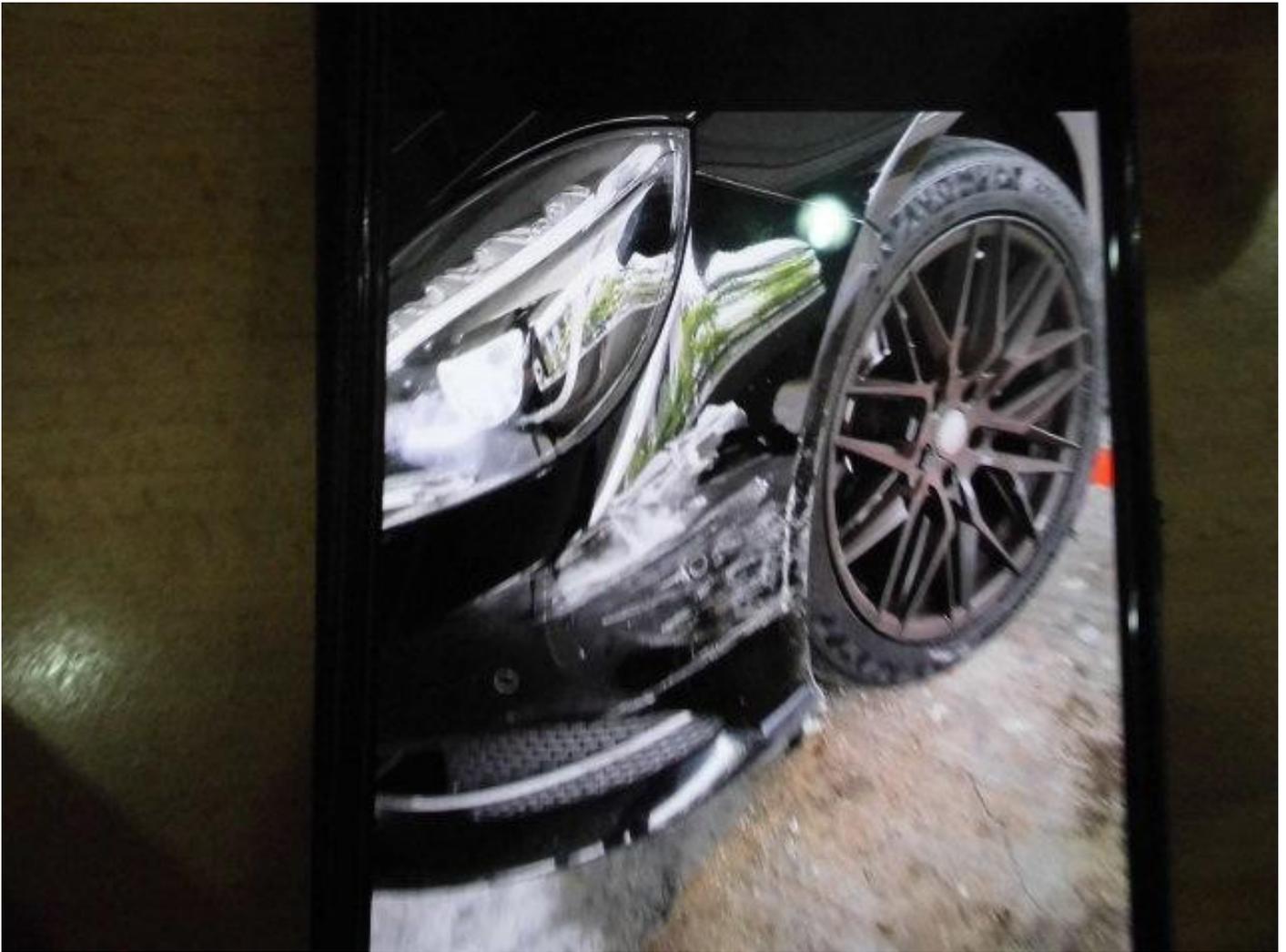
Accident Photo



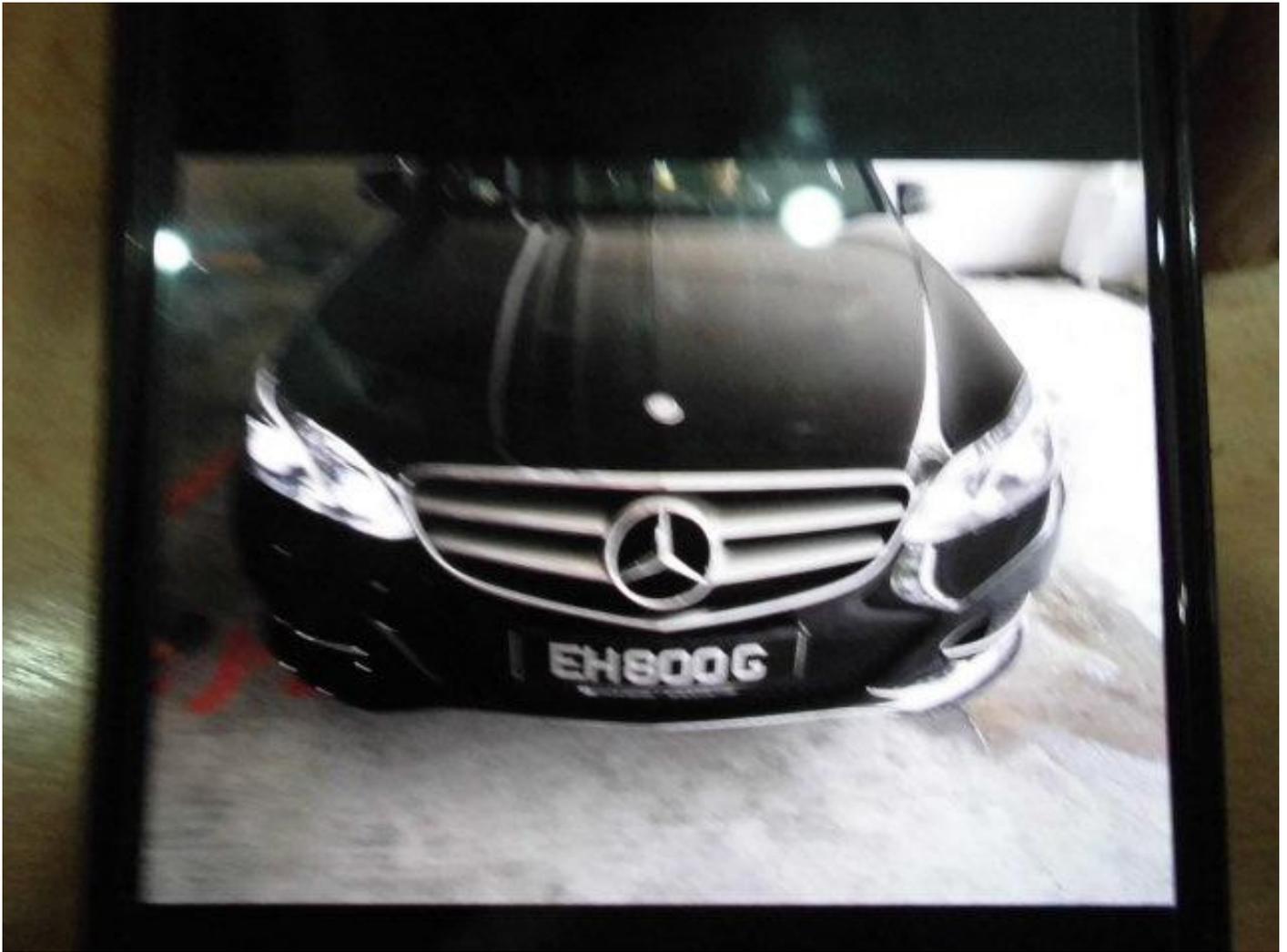
Accident Photo



Accident Photo



Accident Photo



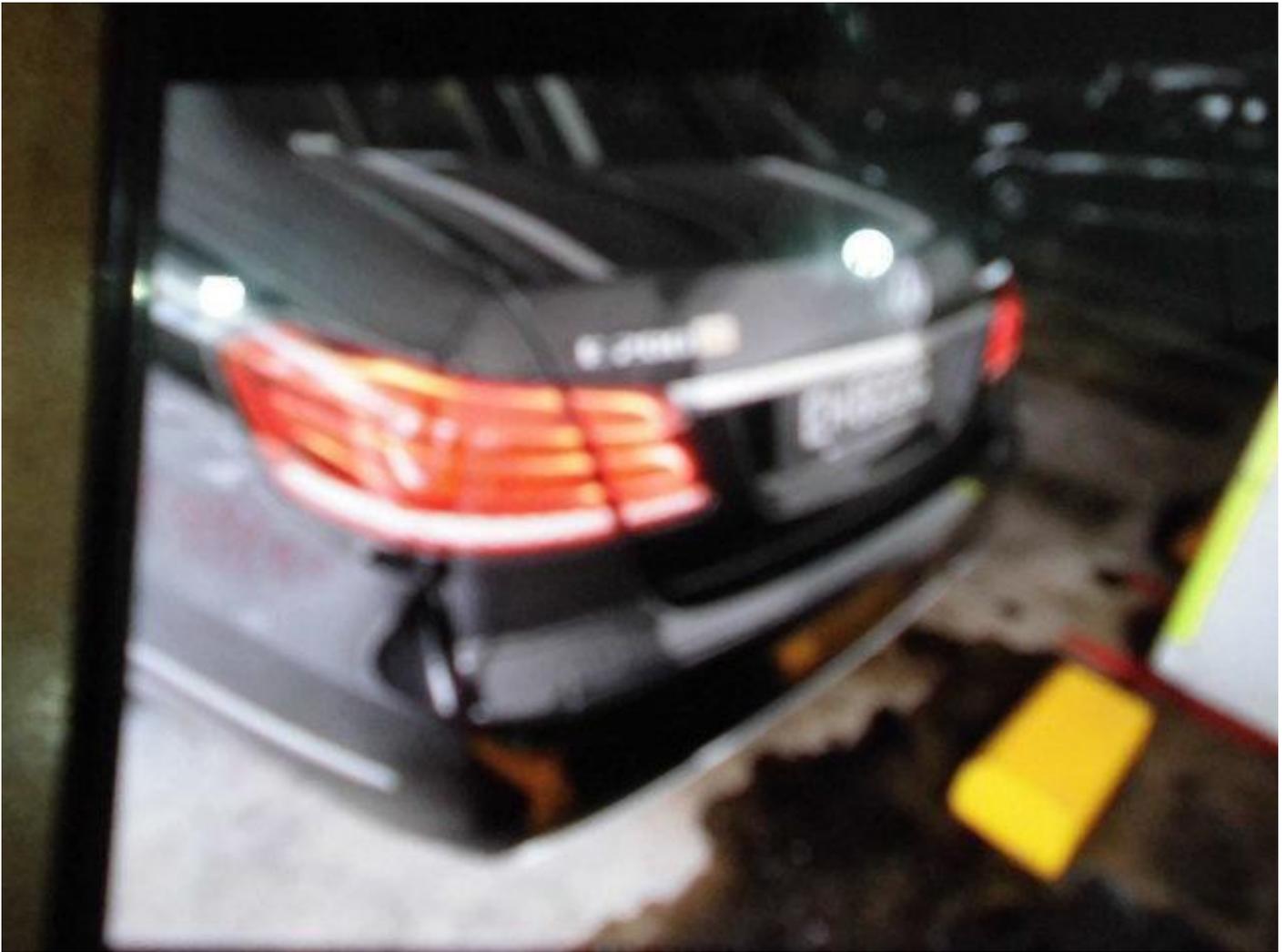
Accident Photo



Accident Photo



Accident Photo



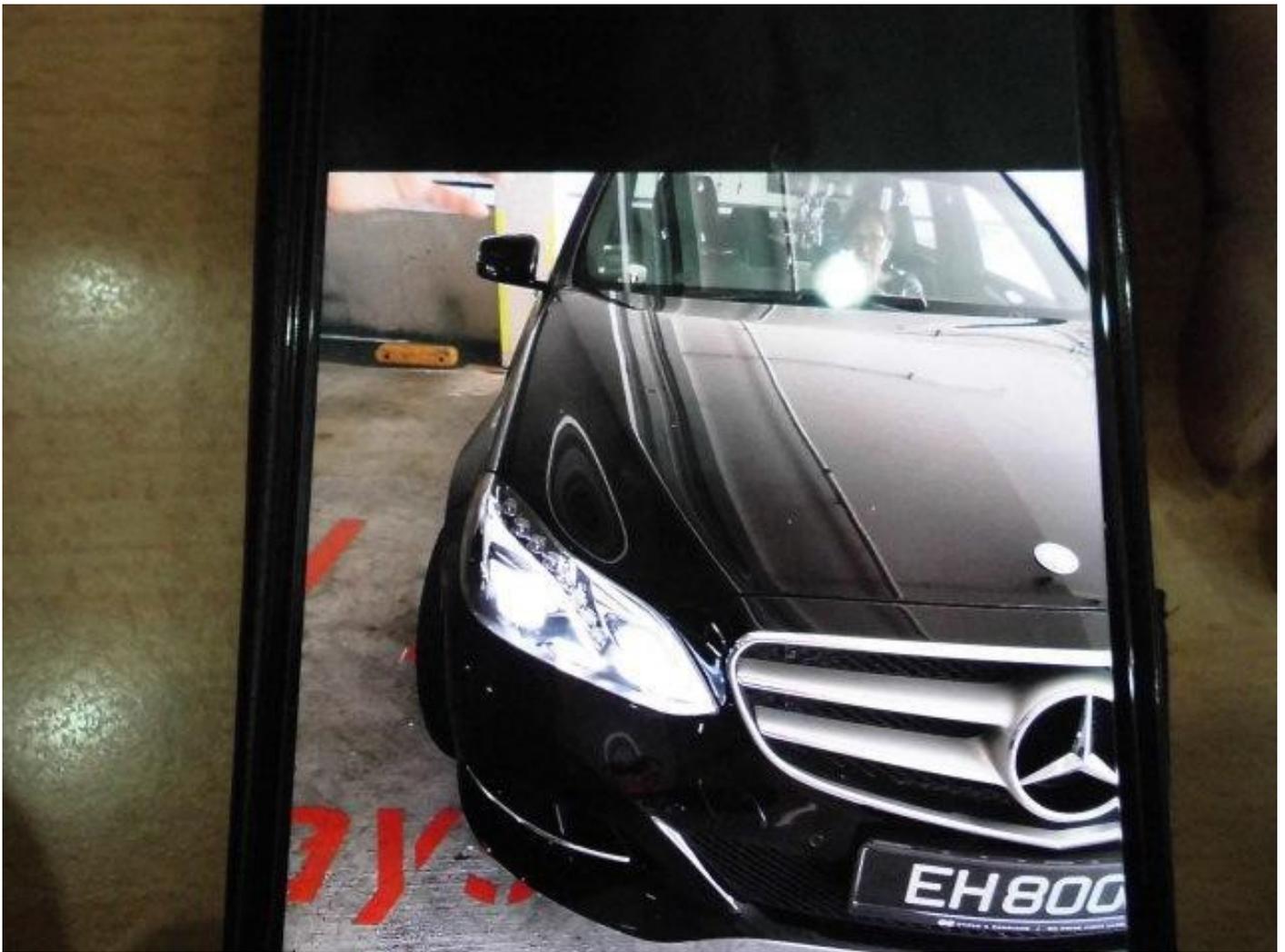
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Malles Quay #15-02 Singapore 049581
Tel (RS) 6224 0010 Fax (RS) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
URL: www.gia.com.sg / OIP Reg. No.: SIA0017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA118071826 Vehicle Registration No: SFS 688U
Name (as shown in NRIC): Lee Pin Kwan Pott AI LENG (FU AILING) NRIC/FIN/Passport No: S7673167E 7723491H
Address: 214, Jalan Zunos #04-04, S (419551) Singapore 419551
Contact (Tel): Mobile No.: 98435795 / 98435039
Email Address: NO EMAIL
Date of Accident: 02.06.2018 Time of Accident: 13:05
Place of Accident: Bedok Central Bldg 208A Multi-Storey Carpark.
Insurance Company: CHINA TAIPING Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend my claiming to Own damage instead of third party.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 16/6/2018