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 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.

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	ACCIDENT STATEMENT		
Date Of Report	27/06/2018 09:28		
Date Of Accident	26/06/2018 11:15		
Exact Location Of Accident	S'PORE CAUSEWAY BEFORE S'PORE CHECKPOINT		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJT8001X		
Insured/Policyholder			
Name Of Registered Owner	TEO CHIN LAM		
NRIC No	S6884255G		
Email Address	TEOCL01@YAHOO.COM.SG		
Mobile Phone No	(LOCAL) +65-94887792		
Alternative Phone No	OTHERS-94887792		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	B180		
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	DMPCSN3040851800		
Cover Note Number			
Driver			

Name of Driver **TEO CHIN LAM** NRIC No S6884255G Date Of Birth 15/08/1968 Occupation **INDOOR** Date Of Driving Pass 15/10/1992

Driving Experience 25 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94887792

Fax Number

OTHERS-94887792 Contact Number

EMail Address TEOCL01@YAHOO.COM.SG

BLK 411 JURONG WEST STREET 42 Address

#03-837

Postcode 640411

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

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) 1

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?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 SLU2224E

Vehicle Make/Model/Colour TOYOTA HARRIER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96156366

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)
 - (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:

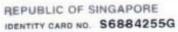
Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN	CAUSTURY	WWARDS	3/2024	COKCICPOINT.
A 1557 8 B) Scu		X B Ga		
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDE	NT		
\$ SUP 764	The Pount of M	LAFFIC WAS E	TRAY MY	COUSAWBY TOWARDS I CHG FACT CROMP A KISS THA PLAK
DECLARATION I/We declare the foregoin Policyholder 3 Shgnature Date & Time:	ng particulars are true in e		Report	Dev 27/06/2018 ting Centre Personnel's Signature FIN No.:







TEO CHIN LAM

CHINESE Date of Birth. 15-08-1968

Country/Place of birth MALAYSIA



9394553



MALAYSIAN 01-03-2016

APT BLK 411 JURONG WEST STREET 42 #03-837 SINGAPORE 640411

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc 15 Oct 1992 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 15 Oct 1992 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No. 56884255G





















