SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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

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	ACCIDENT STATEMENT		
Date Of Report	05/07/2018 13:44		
Date Of Accident	24/06/2018 11:30		
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE (OPEN CARPARK)		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKG6031D		
Insured/Policyholder			
Name Of Registered Owner	KANDIKATTU SREENIVASA PRASAD		
NRIC No	S2680709C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96209796		
Alternative Phone No	OTHERS-96209796		
Vehicle Particulars			
Manufacturer	BMW		
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP		
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	DMPCSN1222761705		
Cover Note Number			
Driver			
Name of Driver	BANDLA SUDHA RANI		
NRIC No	S6882478H		

22/01/1968

29/06/2006

11 YEARS AND 11 MONTHS

(LOCAL) +65-82992369

OTHERS-82992369

INDOOR

FEMALE

NOEMAIL

Page 1 of 20

Address 93 HILLVIEW AVENUE

#07-22

Postcode 669626

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 1

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

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)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 liability.
- 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. 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
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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

Blodla Ra

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Sketch Plan #2

CETCH PLAN		
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	R	
	100	
	18 1A	
		CARPARIL
		A-SKG6031D
		B-Unknown.
		T MATERIAL
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that my Car	tacked and from	dela the adjacent vehicle.
		134
CLARATION		
	ulars are true in every respect.	1
		11
	BSodka Rom	5/7/2018
	Driver's Signature	Reporting Centre Rersonnel's Signature
licyholder's Signature te & Time:	The state of the s	Reporting Centre Rersonnel's Signature Name: NRIC/FIN No.:

Sketch Plan #3











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springles! Tower Singapore 070906 To: 6389-6111 Fax: 6222-1033 Website www.sg.cntepreg.com Co. Reg. No. 200208384E

Our Reference: SNM18D03214/C01/1

Date: 28 JUNE 2018

via Ordinary & Registered Mail

KANDIKATTU SREENIVASA PRASAD 93 HILLVIEW AVENUE #07-222 THE PETALS SINGAPORE 669626

Dear Sir / Madam

ACCIDENT INVOLVING SKG6031D AND SHB8790U ON 24 JUNE 2018 ALONG BUKIT BATOK DRIVING CENTRE OPEN CARPARK

We refer to the abovementioned accident.

Please be advised that the third party vehicle, SHB8790U, is filing a third party property claim against your vehicle.

We have appointed LKK Auto Consultants Pte Ltd, to administer the said claim on our behalf and they will soon contact you for more information about the accident. Kindly render your assistance and co-operation accordingly.

We understand that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework. We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us IMMEDIATELY through LKK Auto Consultants Pte Ltd or any of our authorized workshops. You may log onto our website www.sg.cntaiping.com for location of the respective workshops.

We regret to advice that we and/or LKK Auto Consultants Pte Ltd will not be handling the third party claim and your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with the condition of reporting.

Yours truly, Claims Department

(This is a computer generated letter and no signature is required.)

CC : LKK Auto Consultants Pte Ltd

Attn Ref

YOL

CC3/CTI18011721/K1JA3

Contact No : 68412409

via Email : JOY@LKKAUTO.COM

CC : Agent - (BR0085A) - FINANCIAL ALLIANCE PTE LTD

F02/LKKDSANR-2013



























