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.

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	ACCIDENT STATEMENT
Date Of Report	13/07/2018 16:06
Date Of Accident	13/07/2018 13:55
Exact Location Of Accident	ALONG PIE TWDS TUAS B4 EXIT 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EW1869Z
Insured/Policyholder	
Name Of Registered Owner	KOH YONG XIN
NRIC No	S8340354C
Email Address	NOBLEFRIEND1983@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94353294
Alternative Phone No	OTHERS-94353294
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSN3029281801
Cover Note Number	
Driver	

Name of Driver KOH YONG XIN
NRIC No S8340354C
Date Of Birth 23/12/1983
Occupation INDOOR
Date Of Driving Pass 07/01/2004

Driving Experience 14 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94353294

Fax Number

Contact Number OTHERS-94353294

EMail Address NOBLEFRIEND1983@YAHOO.COM

Address BLK 184 JELEBU ROAD

#12-28

Postcode 670184

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 CHAIN COLLISION

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

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

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? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS TUAS B4 EXIT 12 ON THE EXTREME RIGHT LANE. THE VEHICLE IN FRONT OF ME, SLF4482S WAS DRIVING ERRATICALLY, ACCELERATING, DECELERATING, TAPPING ON THE BRAKES WHEN THERE IS A CLEAR PATH INFRONT. AS WE REACHED NEAR THE DOWN-SLOPE END ON THE FLYOVER, SLF4482S E-BRAKED, WHICH CAUSED ME TO E-BRAKE ALSO. AS I WAS ON THE DOWN-SLOPE, TRAVELING AT AROUND 70KM/H, I WAS UNABLE TO STOP ON TIME AND MY VEHICLE COLLIDED INTO THE REAR PORTION OF SLF4482S. THEN THE CAR BEHIND ME, SLD270Z, COLLIDED INTO THE REAR OF MY VEHICLE. WHEN I CAME OUT TO INSPECT THE DAMAGE, I REALIZED THAT I WAS INVOLVED IN A 4-CAR CHAIN COLLISION. A TAXI, SHC5148P ALSO COLLIDED INTO THE REAR OF SLD270Z.

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 SLD270Z

Vehicle Make/Model/Colour MINI COOPER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YAP LIU CHENG CHI

NRIC/Passport Number S2628446E Contact Number 96884707

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5148P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHUA LYE HUAT ALLEN

NRIC/Passport Number S1349157G Contact Number 98168365

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLF4482S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver SELVY LUKITO
NRIC/Passport Number S78867011
Contact Number 81017262

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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 (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:
 - 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's

Accident Sketch Plan

Accident Sketch Plan

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ALONG PIE TWDS TUAS B4 EXIT 12

A- EW 1869 Z -	HOHALDIC	+
B-520270Z		4
C-SHC5148P D-SLF448DS -		4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PB refer to the i	odotement.
CLARATION	

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

Policyholder's Signature
Date & Time

NRIC/FIN NO.



















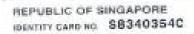








Identification Card







KOH YONG XIN



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Face CHINESE 23-12-1983 SWINDLESS HOUSE.









Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION C 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

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

ADDENDUM

	PARTICULARS OF PER			The second second second		
	Original Report No :	MNA118090535	Vehicle Registration No:	EW18692		
	Name(as shownin NRIC):	KOH YONG XIN	NRIC/FIN/Passport No:	583403540		
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate					
	Address :	BLR IEV JELEBU RD	#12-28	Singapore(
0.000	Contact (Tel) :		Mobile No.: 9935			
	Email Address :					
13000	Date of Accident :	13/07/18	Time of Accident :	1355		
3	Place of Accident :	ALONG PIE TWOS	TUAS COUNTES F	(youer)		
	Insurance Company:	CHINEM THERING				
		ATION / AMENDMENTS:				
1	nave made a report of make the following an	on the above mentioned accident mendments:	t and would like to include ad	lditional information or		
1	make the following an	nendments:		lditional information or		
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Addendum Sheet



Date:

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IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MAMII 6090535-01 Vehicle Registration No: EW 1869Z Name(as shown in NRIC): Kon York KIN NRIC/FIN/Passport No : 5034 00540 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate . BLIC 184 JELEBU RD 7413 - 28 _______ Singapore(Address Contact (Tel) ______Mobile No.: 94353294 Email Address Place of Accident : Acong pie Twos Tuns (EUNIOS FLYOURE) Insurance Company: CHINA TRIBIALS (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMEND LOCATION OF ACCIDENT 17/07/18 Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date: