

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	20/07/2018 17:19
Date Of Accident	19/07/2018 15:45
Exact Location Of Accident	CTE TOWARDS CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU6817C
Insured/Policyholder	
Name Of Registered Owner	WONG LEE MIN
NRIC No	S1072000A
Email Address	WONGWEICHENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98161629
Alternative Phone No	OTHERS-98161629

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO14P
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3044391802
Cover Note Number	

Driver

Name of Driver	WONG LEE MIN
NRIC No	S1072000A
Date Of Birth	01/01/1943
Occupation	INDOOR
Date Of Driving Pass	12/04/1967
Driving Experience	51 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98161629
Fax Number	
Contact Number	OTHERS-98161629
Email Address	WONGWEICHENG@YAHOO.COM.SG

Address	BLK 126 BUKIT MERAH VIEW 25-372
Postcode	151126
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	COLLISION - HEAD TO REAR
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
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	SLB4760K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TEO JUN HONG VINCENT
NRIC/Passport Number	
Contact Number	81330295
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

Accident Sketch Plan

SKETCH PLAN

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 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 interested parties.
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: 20/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

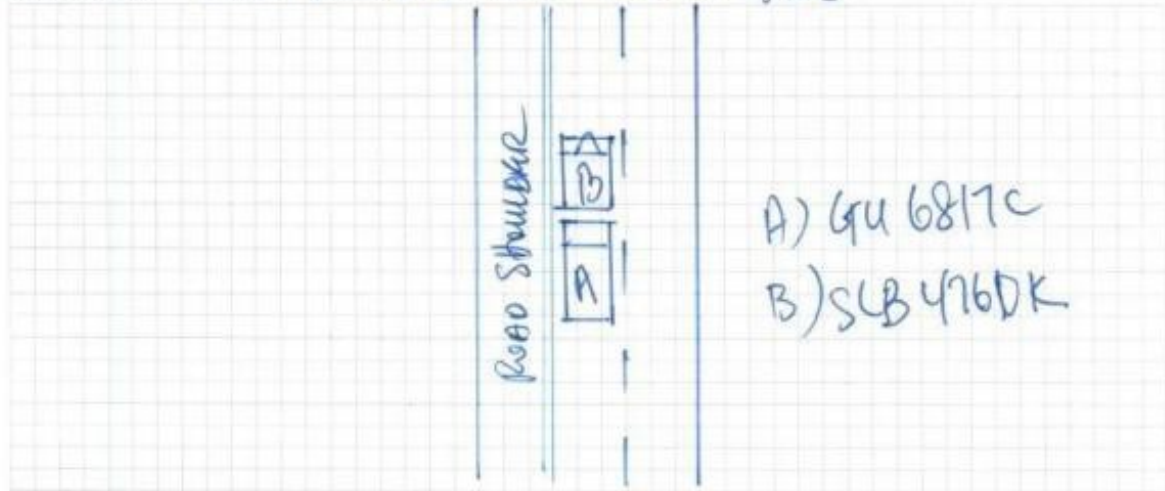
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

CRK TOWARDS CLAMMACHAU AVK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19/07/2018 AT ABOUT 15:45 HRS I WAS TRAVELLING ALONG CRK TOWARDS CLAMMACHAU AVK JUST AFTER COTTON SWAY ROAD EXIT. I WAS AT THE LEFT LANE & SUDDENLY A CAR SLB 476DK OVERTAKED ME FROM MY LEFT HAND SIDE & BRAKE AND I COULD NOT BRAKE OR TURN MY VAN GU 6817C HIT THE REAR OF THE CAR BUT STOP & CHECK FOR DAMAGES BUT EX SCLATCHES I WANTED TO PRIVATE SURETY BUT BECAUSE IT WAS A RENTAL CAR & HE HAS TO REPORT TO THE COMPANY THEN WE MOVE ON.

DECLARATION

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



Policyholder's Signature

Date & Time: 20/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 20/07/2018


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1072000A



Name
WONG LEE MIN
王利民
Race
CHINESE
Date of Birth
1943
Country of Birth
UNKNOWN

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1072000A
Name
WONG LEE MIN
Birth Date: 1943/00/00
Issue Date: 06 Feb 2010

001824807K

0704921



NRIC No: S1072000A



Blood Group: A+ Date of issue: 31-12-1992

Address:
APT BLK 126 BUKIT MERAH VIEW #25-372
SINGAPORE 161126
NRIC No: S1072000A Date: 31/07/2008 (R) No: 5939258

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 cc	12 Apr 1967
Class 2A Motorcycles between 201 cc and 400 cc	12 Apr 1967
Class 2 Motorcycles > 400 cc	12 Apr 1967
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	12 Apr 1967

Licence No: S1072000A

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

