

## 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	19/07/2018 15:46
Date Of Accident	18/07/2018 23:50
Exact Location Of Accident	KPE TUNNEL TOWARDS TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5162S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RING N SPORT PTE LTD
Co Reg No	201108067K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91910265

### Vehicle Particulars

Manufacturer	OPEL
Model	COMBO-D 1.6 MT E6
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1819621800
Cover Note Number	28/06/18 - 27/06/19

### Driver

Name of Driver	LIM PHANG BOON
NRIC No	S1712796I
Date Of Birth	22/04/1965
Occupation	INDOOR
Date Of Driving Pass	28/08/1985
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91910265
Fax Number	
Contact Number	
Email Address	BOON.LWS@GMAIL.COM

Address	BLK 243 KIM KEAT LINK #01-155
Postcode	310243
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	SHELTERED
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?	NO
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

To avoid hitting onto a vehicle that come into my lane. I filtered to extreme right lane & my vehicle right portion grazed onto tunnel brick wall. No one injured.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

(Defu Lane 3)

KPE Tunnel Towards Toa Payoh

The diagram shows a road layout on a grid background. A horizontal road is divided into three sections by two vertical dashed lines. The leftmost section contains a small house icon with an 'X' inside. An arrow points from this house to the middle section. The middle section contains two house icons, one with an 'X' and one with a 'D'. An arrow points from the 'D' house to the rightmost section. The rightmost section contains a single house icon with a 'D' inside. To the right of the road, a vertical line is labeled 'Brick Wall'. Above the road, a large arrow points to the right, indicating the direction of travel.

Insurer= China Taiping      Veh No= GBH5162S      DOA= 18/07/18 11:50pm
To avoid hitting onto a vehicle that come into my lane. I filtered to extreme right lane & my vehicle right portion grazed onto tunnel brick wall. No one injured.
Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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



*nmf*

(AMK) org 19/7/18

NRIC/FIN No.:

(☒) Claim Own Policy      (☐) Claim Third Party      (☐) Reporting Only  
(☐) Claim OD/TP at other workshop (☐)

**SKETCH PLAN**

VEHICLE NO.: GBH51625  
 INSURER : China Taiping  
 DATE & TIME: 18/7/18 11:50 pm

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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:

*[Handwritten Signature]*

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

*[Handwritten Signature]* 19/7/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: