

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	30/07/2018 13:56
Date Of Accident	30/07/2018 09:50
Exact Location Of Accident	32 SUNGEI KADUT WAY COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6068X
Insured/Policyholder	
Name Of Registered Owner	HE ZHOU FENG ENGINEERING
Co Reg No	53211756E
Email Address	YEOHC42@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 D L ABS AIRBAG 2WD 6DR (M)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1445281703
Cover Note Number	

Driver

Name of Driver	GUO YUANZHUO
NRIC No	S8264534I
Date Of Birth	21/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83999991
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	734 JURONG WEST ST73 #08-12
Postcode	640734
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	WET

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
Number of Passengers (Including Driver)	0

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

ON 30/07/2018 AT AROUND 0950HRS, I DRIVE MY VEHICLE TO 32 SUNGEI KADUT WAY AND PARKED MY VEHICLE IN THE COMPOUND AND WENT FOR MEETING. I RECEIVED A CALL FROM VEHICLE B DRIVER BUT I DID NOT PICK UP AS WHILE I STILL IN THE MEETING. THEN I RECEIVED A MESSAGE FROM VEHICLE B DRIVER AND SAY HIS VEHICLE HAD COLLIDED ONTO MY VEHICLE WHICH PARKED ON THAT TIME. BEFORE I WENT DOWN TO SEE MY VEHICLE, I ALSO RECEIVED A CALL FROM THE SECURITY GUARD THAT MY VEHICLE WAS BEING COLLIDED BY VEHICLE B. I REACHED MY VEHICLE & NOTICED THAT MY VEHICLE HAD COLLIDED ON MY REAR LEFT PORTION.

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	YM1776T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALEX LEE
NRIC/Passport Number	
Contact Number	90669150
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: _____

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan Pg. 2

SKETCH PLAN

32 Jumper kadut nang

(A) ASD6068X

(B) YM 17767

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Accident Circumstances.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

☐ Claim own policy
☒ Claim third party
☒ Claim OD ~~AT~~ at other works hop
☐ For record purpose

Policy No. DMACN1445281703
 Insurer China Veh.No. ASD6068X

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: