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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2018 16:43
Date Of Accident	12/08/2018 12:40
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF6776G
Insured/Policyholder	
Name Of Registered Owner	HAK KIAN ENTERPRISE PTE LTD
Co Reg No	199205373W
Email Address	ADMIN@HAKKEN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62507125
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMPCSN1752741700
Cover Note Number	
Driver	
Name of Driver	NEELA MEGAM VENKATESAN

 NRIC No
 \$7464178D

 Date Of Birth
 18/05/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 07/03/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93828234

Fax Number
Contact Number

EMail Address NOEMAIL

BLOCK 67 CIRCUIT ROAD #06-253 Address

370067 Postcode

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 **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 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

THE TAXI(SHD9853E) SUDDENLY STOPPED. I STOPPED TOO BUT WAS TOO LATE AND TOUCHED THE TAXI'S REAR 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

SHD9853E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

KWOK CHEE KEONG Name of Driver

NRIC/Passport Number S1146709A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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 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: 13/8/18 Driver's Signature

W.

(If driver is not the policyholder)

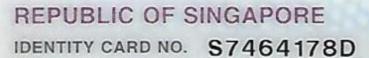
Date & Time: 13/8/18

Reporting Centre Personnel's Signature Name: GSSandig

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN		MART	OTHER PROPERTY.		
Refer to Sene Photo		B	Serangeon Road	A:5	:12-8-2018 LF 6776G +098S3E
SCRIBE CIRCUMSTANCE					
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CLARATION We declare the foregoing pa	rticulars are true in ev	ery respect.			GERVICES
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licyholder s signature te & Time:	Driver's 5'gr (If driver is n Date & Time	not the policyhol	der) Nam	orting Centre Person ne: (aSSAnd)(9 C/FIN No.:	nel's Signature







Name

NEELA MEGAM VENKATESAN

நீலமேகம் வெங்கடேசன்

Race

INDIAN

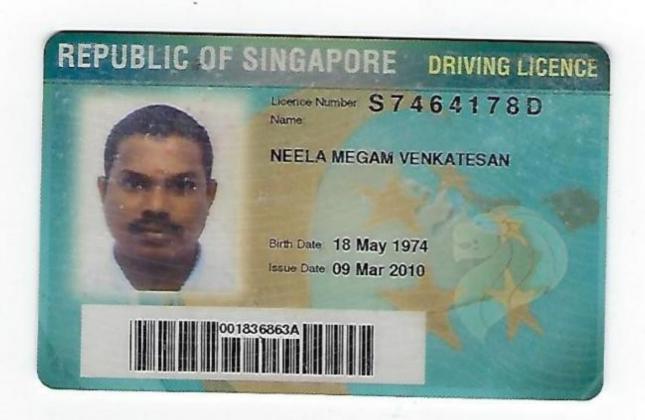
Date of birth

18-05-1974

Country of birth

INDIA

5748 1178D



8812200



NRIC No. S7464178D

Nationality

INDIAN

Date of issue

01-11-2006

APT BLK 67 CIRCUIT ROAD #06-253

SINGAPORE 370067

NRIC No: \$7464178D

Date:

10/10/2008

No: 6025694

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000 kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500 kg

07 Mar 2006 07 Mar 2006

NP 428A

Licence No: S7464178D



Scene Photo



Scene Photo



Scene Photo











