

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	15/08/2018 16:11
Date Of Accident	14/08/2018 16:30
Exact Location Of Accident	SERANGOON AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBJ168Z
Insured/Policyholder	
Name Of Registered Owner	CHOO KWEE TIN
NRIC No	S1743525F
Email Address	ULICIA.CHOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97878936
Alternative Phone No	OTHERS-97878936

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
Exact Purpose for which vehicle was being used at time of accident	PTE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1203371806
Cover Note Number	

Driver

Name of Driver	CHOO KWEE TIN
NRIC No	S1743525F
Date Of Birth	26/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97878936
Fax Number	
Contact Number	OTHERS-97878936
EEmail Address	ULICIA.CHOO@GMAIL.COM

Address	BLOCK 99 ALJUNIED CRESCENT #09-387
Postcode	380099
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 - CHANGE/CROSS LANE
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

AFTER MAKING A RIGHT TURN FROM SERANGOON AVENUE 2 INTO SERANGOON AVENUE 3, MY VEHICLE WAS WITHIN THE RIGHT LANE. VEHICLE B(SLF9457H) WHICH WAS MAKING A LEFT TURN FROM SERANGOON AVENUE 2(MY OPPOSITE DIRECTION) INTO SERANGOON AVENUE 3, DID NOT KEEP WITHIN THE LEFT LANE AND ENCROACHED INTO MY LANE. AS A RESULT, ITS FRONT RIGHT HAND PORTION HIT MY VEHICLE'S LEFT HAND PORTION. NO ONE WAS INJURED.

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	SLF9457H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARON CHIA SOO SIANG
NRIC/Passport Number	S1236155F
Contact Number	96689112
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

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:

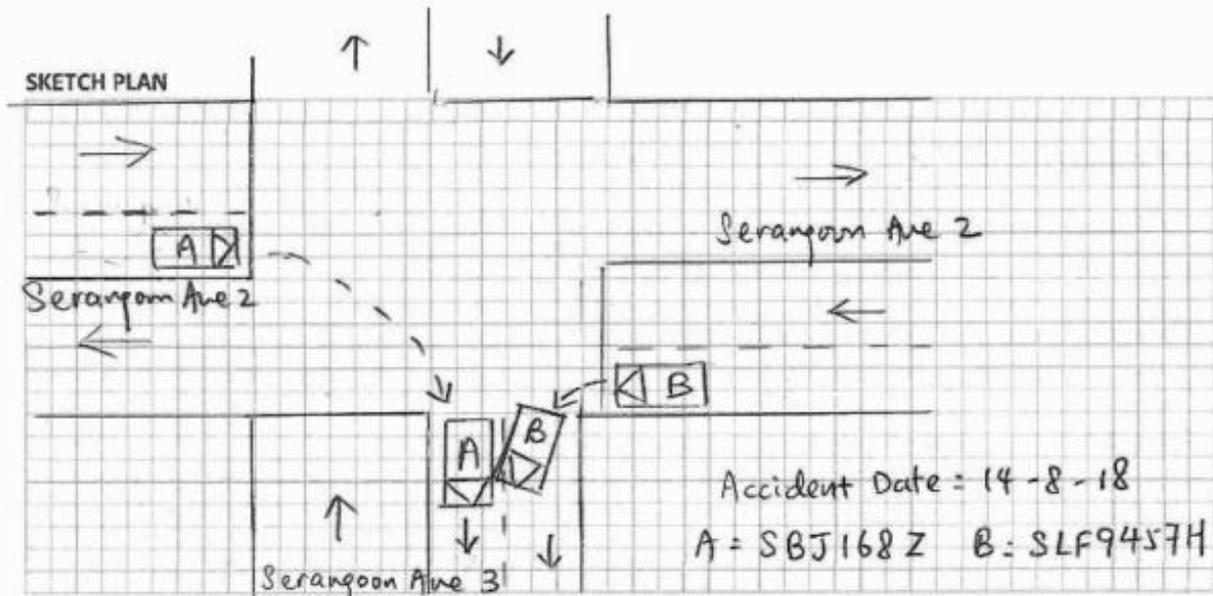


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/8/18 1440 hrs



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

Accident Sketch Plan



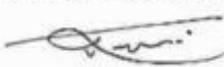
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After making a right turn from Serangoon Ave 2 into Serangoon Ave 3, my vehicle was within the right lane, vehicle B: SLF9457H which was making a left turn from Serangoon Ave 2 (my opposite direction) into Serangoon Ave 3, did not keep within the left lane and encroached into my lane, as a result, its front right hand portion hit my vehicle's left hand portion. No one was injured.

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: 15/8/18 1440hrs


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



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1743525F**



Name
CHOO KWEE TIN
朱 桂 珍

Race
CHINESE

Date of Birth Sex
26-08-1966 F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1743525F**
Name
CHOO KWEE TIN

Birth Date: **26 Aug 1966**
Issue Date: **12 Mar 2003**



000284647G

Driving Licence

3042759



NRIC No **S1743525F**



Blood Group Date of issue
B+ **29-08-1998**

Address
**APT BLK 99 ALJUNIED CRESCENT
#09-387
SINGAPORE 380099**



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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Dec 1987

NP 428A

Licence No: S1743525F



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

