

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	03/09/2018 18:25
Date Of Accident	01/09/2018 10:40
Exact Location Of Accident	BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5744G
Insured/Policyholder	
Name Of Registered Owner	WONG YEW LOONG VICTOR
NRIC No	S7005363B
Email Address	VICTOR3005WONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96190507
Alternative Phone No	OFFICE-96190507

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	DMPCSN3010351800
Cover Note Number	

Driver

Name of Driver	WONG YEW LOONG VICTOR
NRIC No	S7005363B
Date Of Birth	26/02/1970
Occupation	INDOOR
Date Of Driving Pass	06/08/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96190507
Fax Number	
Contact Number	OFFICE-96190507
Email Address	VICTOR3005WONG@YAHOO.COM.SG

Address	3 SIN MING WALK #08-21
Postcode	575575
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 - MAJOR/MINOR RD
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?	
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

ON 01/09/2018 @ 1038HRS, I WAS EXITING FROM THE EXIT OF 562-568 BALESTIER RD TOWARDS THE MAIN RD. THE TRAFFIC WAS RED AND TRAFFIC STILL STATIONARY. A VAN (GBE4046S) STOPPED AT THE YELLOW BOX FOR ME TO MOVE OUT. AFTER ENSURING THE VEHICLE WAS STATIONARY, I MOVED INTO THE YELLOW BOX AND WAIT FOR TRAFFIC TO MOVE OFF. AS THE TRAFFIC LIGHT CHANGED, THE VAN SUDDENLY MOVED FORWARD AND HIT THE RIGHT FRONT PORTION. THE DRIVER OF THE VAN APOLOGISED TO ME AND HE WILL CONTACT ME. I SPOKE TO HIS LOGISTIC IN CHARGE, BRYAN, BUT THEY ONLY WANT TO COMPENSATE \$200.00 TO MY REPAIR. LATER, THEY TOLD ME THAT THEY HAVE REPORTED.

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	GBE4046S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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: 3/9/18 13:10hrs

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

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



SKETCH PLAN

As per scene photo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/09/18 @ 1038 hrs, I was exiting from the exit of 562-568 Balestier Road towards the main road. The traffic was red and traffic all stationary. A van (GBE 40465) stopped at the yellow box for me to move out. After ensuring the vehicle was stationary, I moved into the yellow box and wait for traffic to move off. As the traffic light changed, the van suddenly moved forward and hit the right front portion. The driver of the van apologised to me and he will contact me. I spoke to his logistic in charge, Bryan, but they only want to compensate \$200 for my repair. Later, they told me that they have reported.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/9/18 1310 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: April

NRIC/FIN No:



Sketch Plan #3



Hp: 9619 0507

Occupation: Project Manager

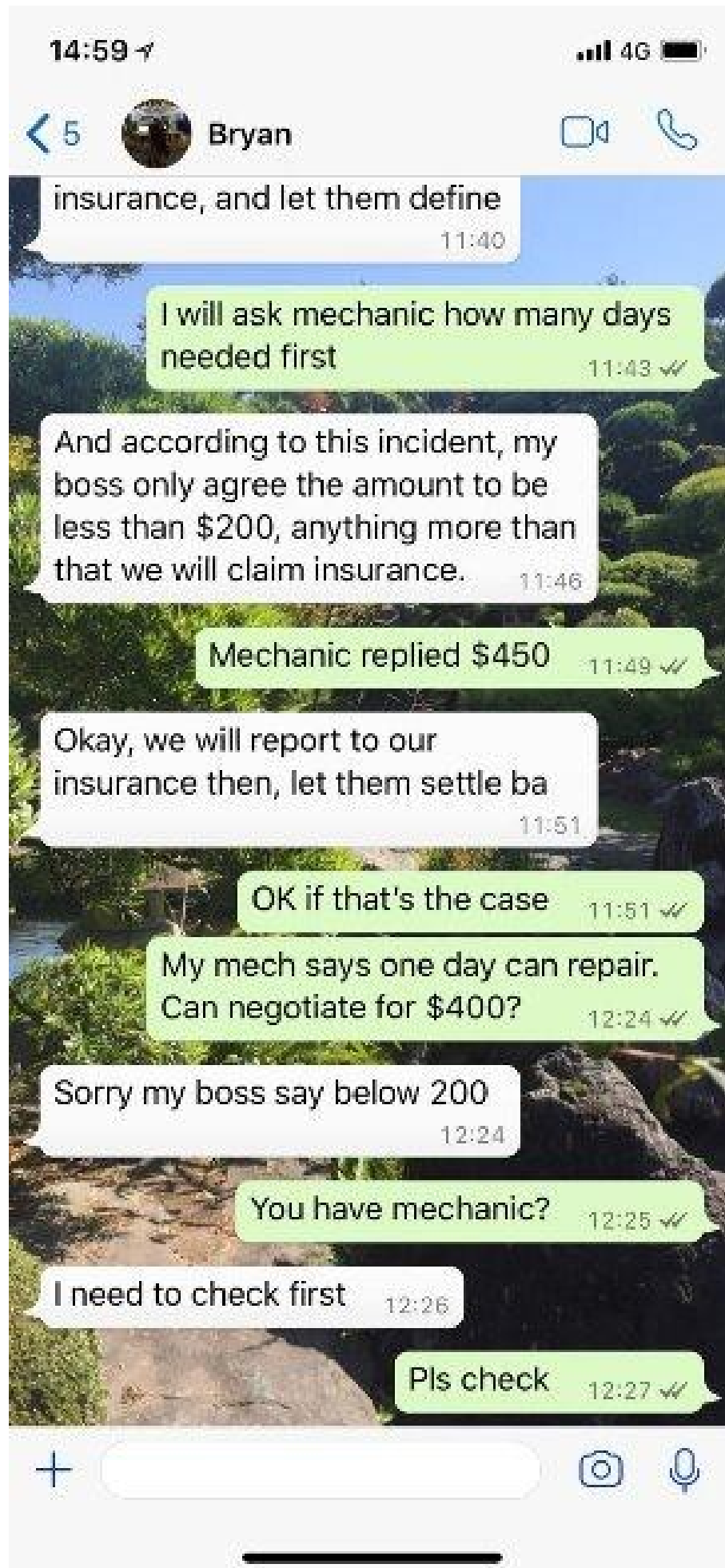
Email: victor3005 Wong@yahoo.com.sg



WHATS APP IMAGE







ACCIDENT SCENE



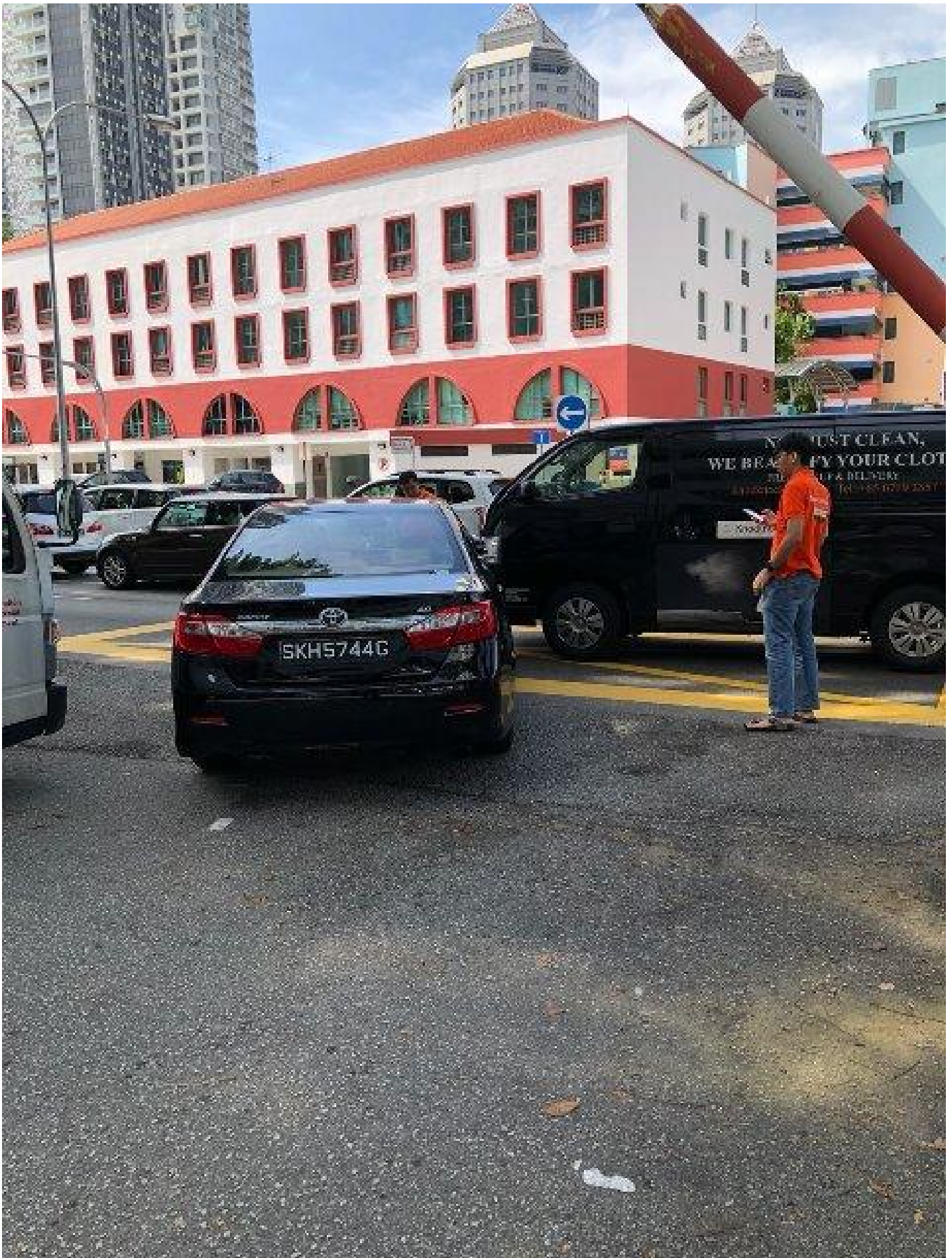
ACCIDENT SCENE



ACCIDENT SCENE



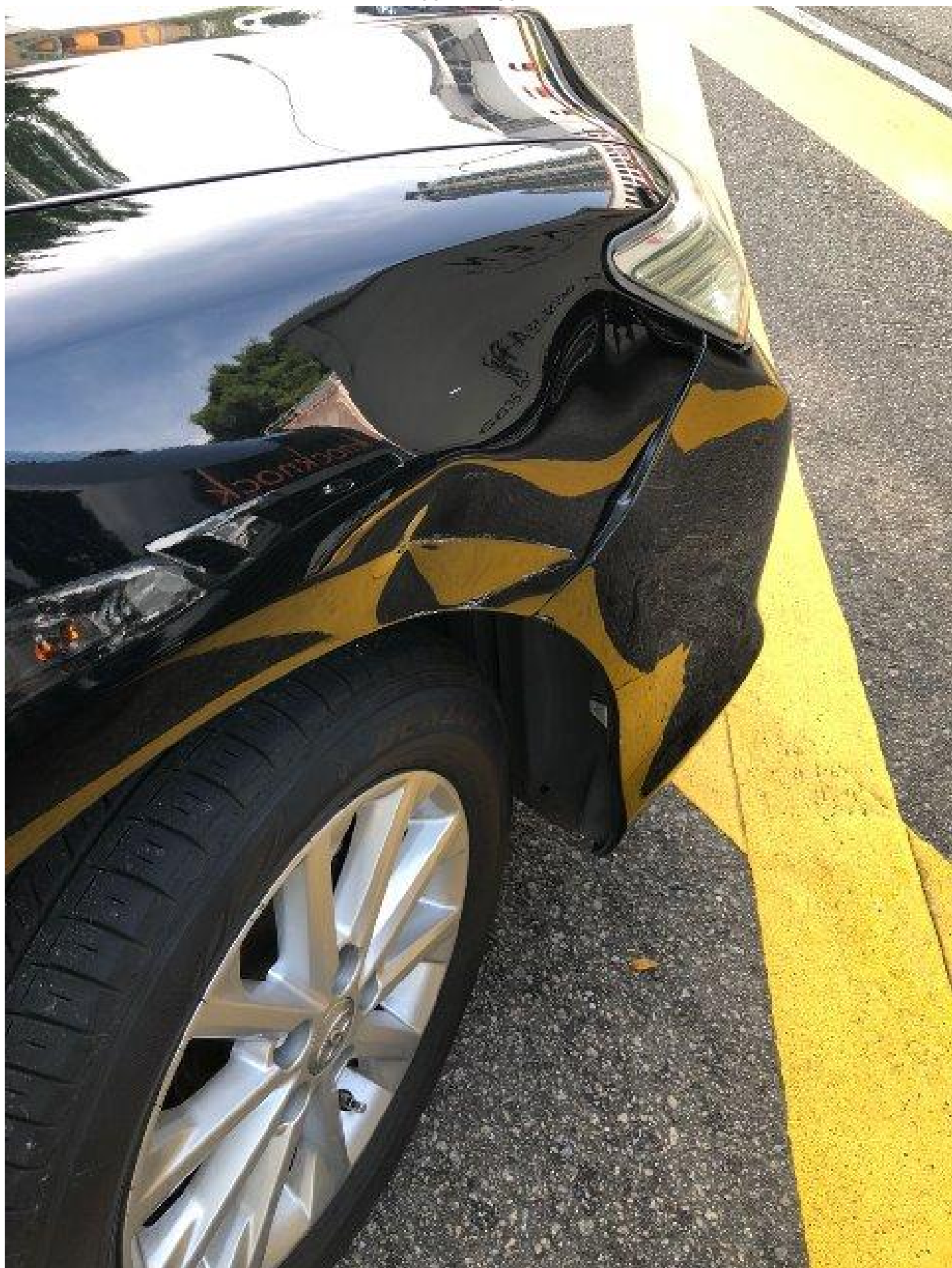
ACCIDENT SCENE



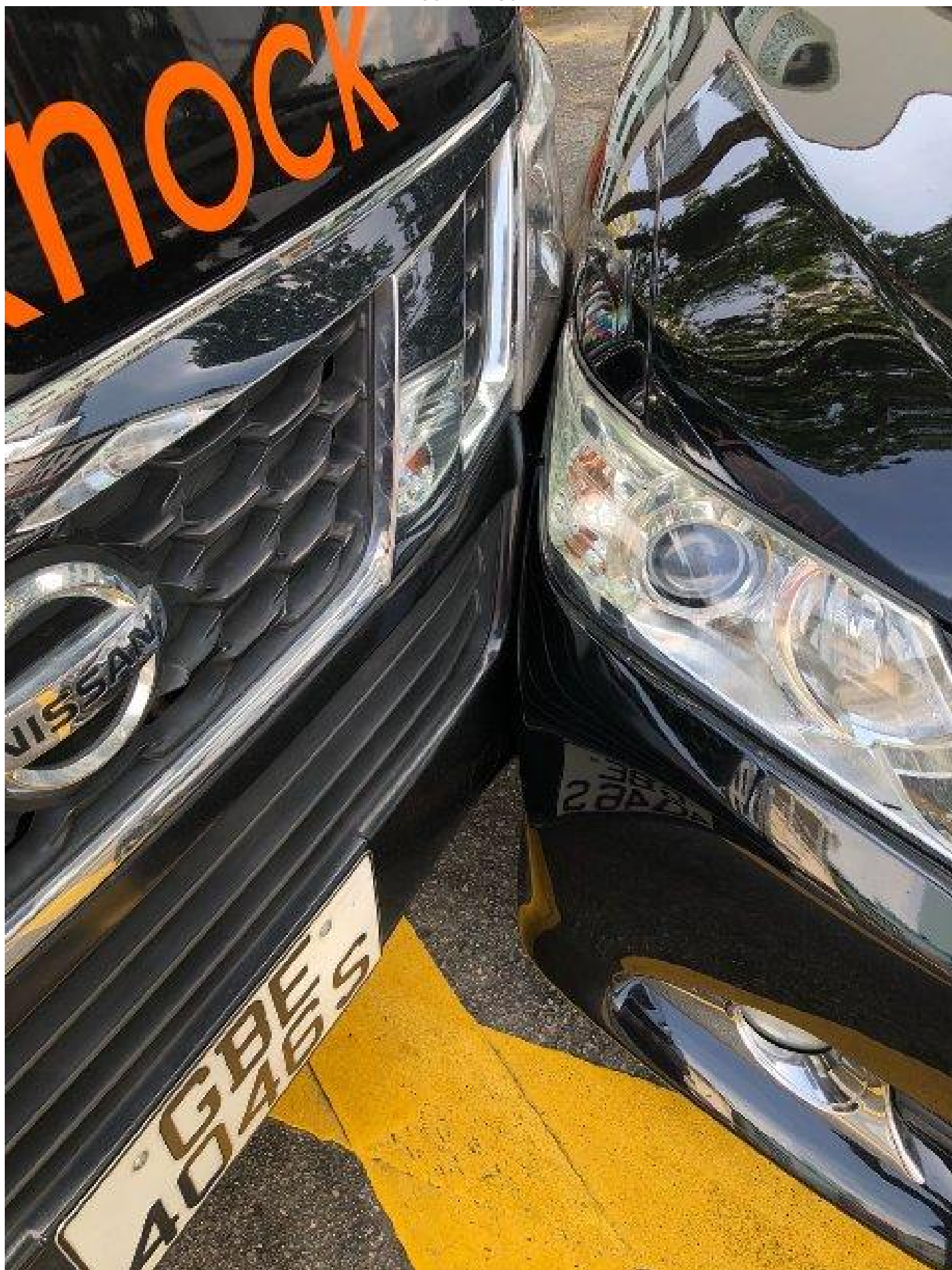
ACCIDENT SCENE



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Accident Photo



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