

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	22/09/2018 15:01
Date Of Accident	21/09/2018 17:50
Exact Location Of Accident	PIE (CHANGI) BEFORE TOA PAYOH LOR 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK5994T
Insured/Policyholder	
Name Of Registered Owner	MISS KON JIA LE SHERLYN
NRIC No	S9336720J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92311400
Alternative Phone No	OFFICE-92311400

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6L AUTO ABS AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSN3056731800
Cover Note Number	

Driver

Name of Driver	KON JIA LE SHERLYN
NRIC No	S9336720J
Date Of Birth	02/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92311400
Fax Number	
Contact Number	OFFICE-92311400
Email Address	NOEMAIL

Address	BLK 176 WOODLANDS STREET 13 #02-371
Postcode	730176
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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

REFER TO STATEMENT

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	SKN3673J
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KAI JUN
NRIC/Passport Number	
Contact Number	81253713

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFD4455C
Vehicle Make/Model/Colour HONDA AIRWAVE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SPEUCER TEO JON JIN
NRIC/Passport Number S9248061E
Contact Number 92285828
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

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: 24/07/2018
20:20

Driver's Signature

(if driver is not the policyholder)
Date & Time: 24/07/2018
20:20

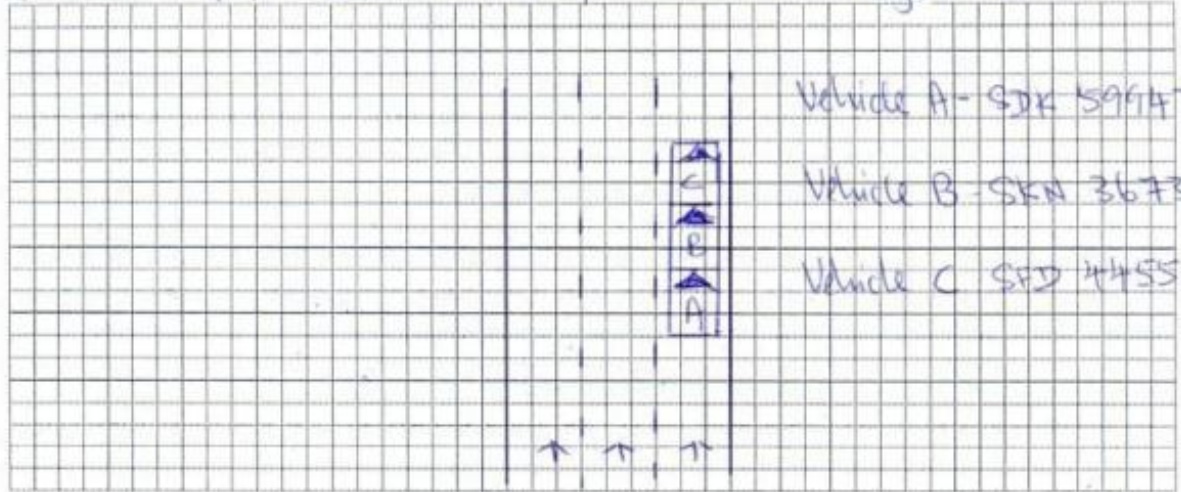
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

PIF towards Changi before Ton Payoh lor 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, at the stated venue,

I vehicle 'A' SDK 5994T was travelling straight on my

rightful lane Vehicle 'B' SKN 3673J in front of me

suddenly braked, I couldn't stop on time, collided onto

the rear portion of his vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 21/07/2018
20:30

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/07/2018
20:30

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

