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	26/09/2018 15:49				
Date Of Accident	26/09/2018 08:50				
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SJX2230U				
Insured/Policyholder					
Name Of Registered Owner	AU YUQI (OU YUQI)				
NRIC No	S8506265D				
Email Address	AUYUQI@YAHOO.COM.SG				
Mobile Phone No	(LOCAL) +65-83828321				
Alternative Phone No	OTHERS-83828321				
Vehicle Particulars					
Manufacturer	KIA				
Model	CERATO FORTE-1.6 EX (A)				
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	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	DMPCSN3031521800				
Cover Note Number					
Driver					

Name of Driver AU YUQI (OU YUQI)

NRIC No S8506265D

Date Of Birth 17/02/1985

Occupation INDOOR

Date Of Driving Pass 16/12/2008

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83828321

Fax Number

Contact Number OTHERS-83828321

EMail Address AUYUQI@YAHOO.COM.SG

Address BLK 310C PUNGGOL WALK

#17-606

Postcode 823310
Was driver an employee of the Insured's Company NO

viae anver an employee of the moured a company inc

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 SIDE SWIPE
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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 PA5497Y
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver SUYATI BINTE SAPAR

NRIC/Passport Number S1580557I Contact Number 98791142

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- 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 liability.
- 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.
- The 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.
- 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:
 - (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 Bersonnel's Signature

NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN	Along	uppak Schauboon	ROAD-	
Sing	2 3			A: 35× 2230U
	A B			B: PAS497Y
DESCRIBE CIRCUN	1STANCES OF T	HE ACCIDENT		
lane 10-1: yethuse of t	1 to lone 5 km/h.		alread) at a came but acked to Ave	back wheel (1941)
DECLARATION				
I/We declare the fo	regoing particular	s are true in every respect.	A	a solor/rold
Policyholder's Signat Date & Time:	ure	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Name: NRIC/FIN	No.: Personner's Signature

Sketch Plan #3





5565296



MIC No. S8506265D

18-02-2016

APT BLK 310C PUNGGOL WALK #17-606 SINGAPORE 823310

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

EFFECTIVE DATE

Class 2B Motorcycles >< 200 cc Motorcycles between 201 cc and 400 cc Motorcycles between 201 cc and 400 cc Motor cars with unladen weight << 3000kg with 2< 7 passengers, stocks/w of driver; and other motor vehicles with unladen weight >< 2500kg

NP 428A









































