#### 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.

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	ACCIDENT STATEMENT
Date Of Report	29/09/2018 16:05
Date Of Accident	29/09/2018 12:05
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP8465M
Insured/Policyholder	
Name Of Registered Owner	PHUA SOON NGEE
NRIC No	S1129112J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96189433
Alternative Phone No	OTHERS-91257028
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 (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	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	DMPCSN1743111801
Cover Note Number	
Driver	
Name of Driver	CHEOW WAN QING, SOLANA BERNITA

NRIC No S9133287F
Date Of Birth 19/09/1991
Occupation INDOOR
Date Of Driving Pass 19/04/2010

Driving Experience 8 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91257028

Fax Number

Contact Number OTHERS-96189433

EMail Address NOEMAIL

100 JALAN SIMPANG BEDOK Address

488220 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - SON FRIEND

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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO 2

Was any other material or property damaged? YES

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : STELLA

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** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES

NO

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

PRIVATE CAR

Vehicle Registration Number SJG7777R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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**DETAILS OF INJURED PERSON 1** 

Name CHEOW WAN QING, SOLANA BERNITA

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLP8465M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name STELLA

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLP8465M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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)

Lunderstand, 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

### **Accident Sketch Plan**

	PIG TOWARDS THAN BEFORE KAY WOT (KAHANA
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13	
ECLARATION	culars are true in every respect.
ECLARATION We declare the foregoing parti	culars are true in every respect.
ECLARATION We declare the foregoing parti	culars are true in every respect.  Au 29/09/2010
ECLARATION	Driver's Signature (If driver is not the policyholder)  Culars are true in every respect.  Application of the policyholder is not the policyholder in the policyholder in the policyholder is not the policyholder in the policyho





























