SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 liability.
- 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	16/10/2018 09:09				
Date Of Accident	14/10/2018 21:00				
Exact Location Of Accident	JB TWDS JB CUSTOM				
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SGB2214T				
Insured/Policyholder					
Name Of Registered Owner	MR YEE CHEW KUANG				
NRIC No	S6904340B				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-92990060				
Alternative Phone No	OFFICE-92990060				
Vehicle Particulars					
Manufacturer	ТОУОТА				
Model	CAMRY				
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	DMPCSN3089441700				
Cover Note Number	-				
Driver					
Name of Driver	MR YEE CHEW KUANG				
NRIC No	S6904340B				
Date Of Birth	17/02/1969				
Occupation	INDOOR				
Date Of Driving Pass	05/04/1991				
Driving Experience	27 YEARS AND 6 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-92990060				
Fax Number					

OFFICE-92990060

NOEMAIL

Address BLK 228A COMPASSVALE WALK #04-328

Postcode 541228

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

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.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

NO

NO

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025, **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800 - 3438999 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

WHEN I FOLLOW THE QUEUE ENTER TO THE JB CUSTOM FROM JB AT THE CENTER LANE, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SLW8713K) FROM THE EXTREME RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT REAR PORTION.

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 SLW8713K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 7. 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 -
 - (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
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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 ignature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

Accident Sketch Plan

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holder's Signature	Driver's Signature		reporting Centre Personnel's	Construe
k Time:	(If driver is not the policyh Date & Time:	older) N	lame:	Jerature
SC Skets to Company (C. Skets to Company)	Date & Time.	,	IRIC/FIN No.:	

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Yee Chew Kuang,

NRIC/FIN S6904340B, has reported to the Police a non-injury traffic accident

which occurred at <u>Johor Bahru towards Johor Bahru Custom</u> on <u>14/10/2018</u> at <u>2100pm</u> involving the following vehicles:

- 1) SGB 2214T
- 2) SLW 8713K
- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she-has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Styles To4505 Dept

Date: 15/10/18 Time: 2146 hrs

S/D Ref: 204

Police Post/Unit: Sergking NPC

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

Sengkang NPC 2 Sengkang Square #01-02 S(545025) Tel: 1800-3438999

CONFIDENTIAL

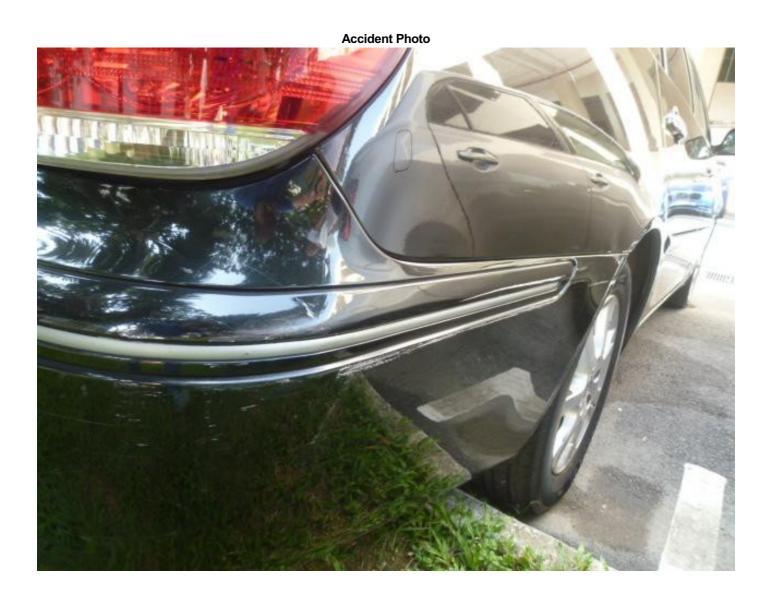
Version as of 15 Jan 2002

DRIVING DOC



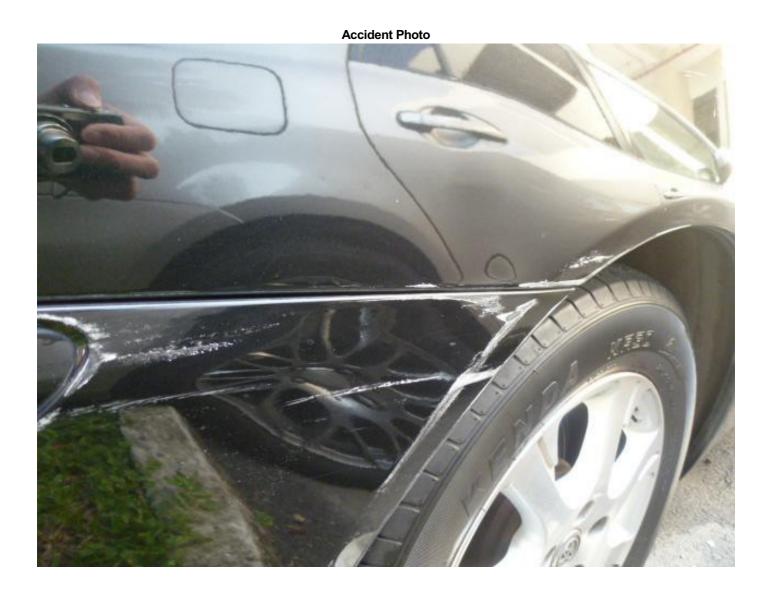












Accident Photo



Accident Photo



Accident Photo

