

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 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	23/10/2018 17:22
Date Of Accident	22/10/2018 21:45
Exact Location Of Accident	JALAN DAUD OPPOSITE HOUSE NO. 26B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SE6080C
Insured/Policyholder	
Name Of Registered Owner	CHUA YONG WEE
NRIC No	S2566092G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96960307
Alternative Phone No	HOME-96960307

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	DMPCSN3104081802
Cover Note Number	

Driver

Name of Driver	CHUA YONG WEE
NRIC No	S2566092G
Date Of Birth	08/06/1963
Occupation	INDOOR
Date Of Driving Pass	25/08/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96960307
Fax Number	
Contact Number	HOME-96960307
Email Address	NOEMAIL

Address	6 PARO DEDAP WALK #06-02
Postcode	486060
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

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?	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	SFW9777R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG IRENE
NRIC/Passport Number	
Contact Number	96174265
Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

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/mailed 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

Insurer's Signature
Name of the Policyholder
Date & Time

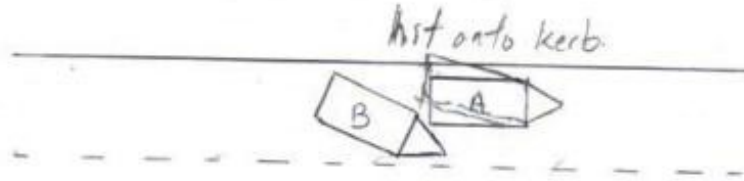
Receiving Clerk's Signature
Name
Date & Time

23/10/2018
Reski A. H. H.

Sketch Plan #2

SKETCH PLAN

Jalan Daud Opposite HSE no 26B



A: SE 6080C
B: SFW 9777R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/10/18 at About 9.45pm My Vehicle "A" is
park stationery along Jalan Daud (Opposite BLK
26B). And Vehicle "B" hit on to my rear right
Rear Portion.

DECLARATION

I hereby declare that the above information is true and correct.

✓

Police Officer's Name
Date & Time

2

Officer's Signature
Name, Grade and Rank
Date & Time

28/10/2018
Roshan Nair

ID

9428007



NRIC No: S2566092G



Nationality
MALAYSIAN
Date of issue
03-01-2017

Address
6 PARI DECAP WALK
#06-02
SINGAPORE 486060

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

PASS DATE
25 Aug 1990

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 425A

License No: S2566092G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2566092G



Name
CHUA YONG WEE
蔡永為

Race
CHINESE

Date of birth
08-08-1963

Country/Place of birth
MALAYSIA

Sex
M

S2566092G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S2566092G

Name
CHUA YONG WEE

Birth Date
08 Jun 1963

Issue Date
08 May 2010

1001854306C

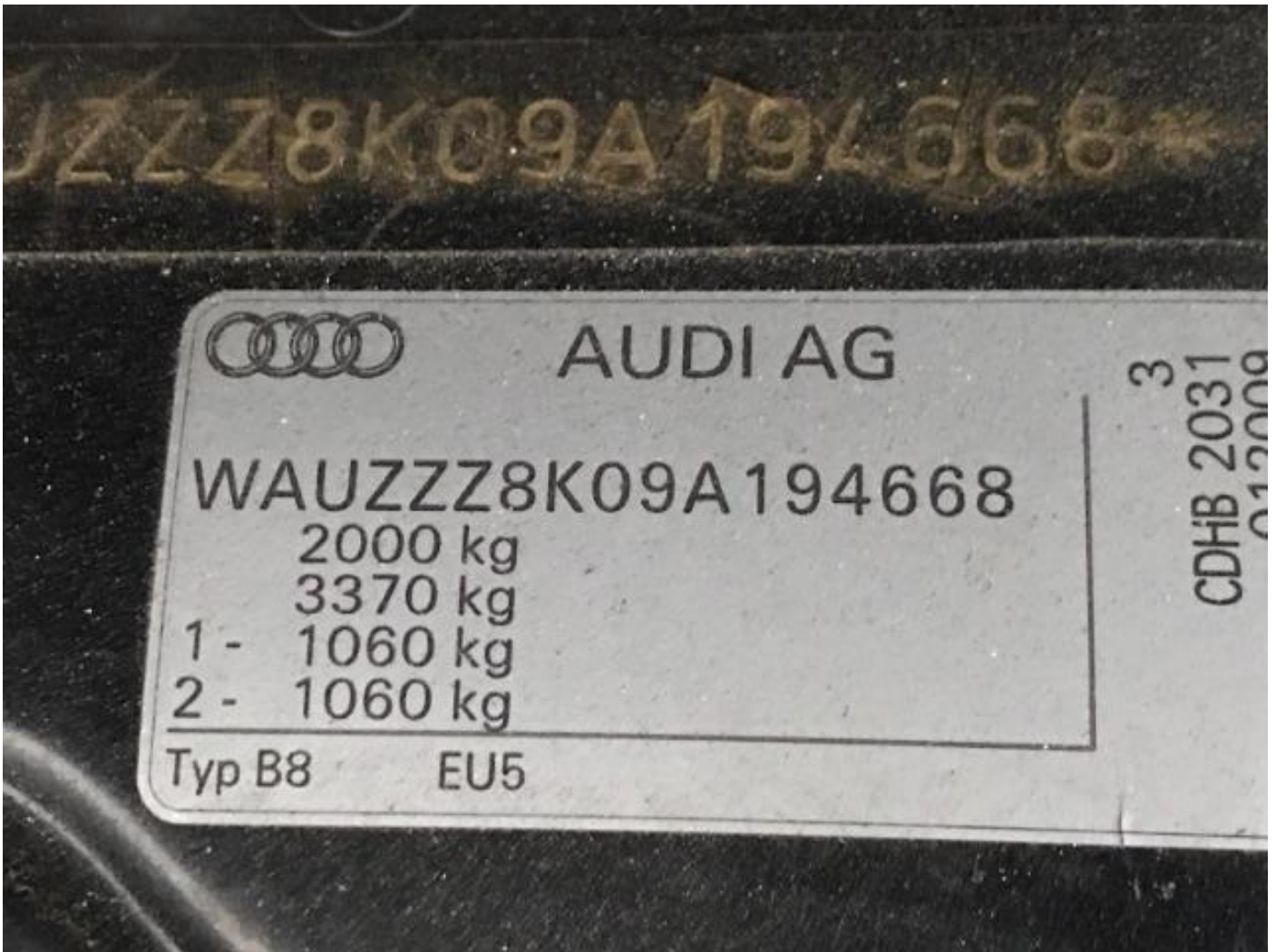


Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo



Accident Photo

