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 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.

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	ACCIDENT STATEMENT	
Date Of Report	22/10/2018 16:22	
Date Of Accident	22/10/2018 13:00	
Exact Location Of Accident	CARPARK OF BENDEMEER HAWKER CENTRE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJQ829T	
Insured/Policyholder		
Name Of Registered Owner	ONG CHIN CHONG	
NRIC No	S0076823E	
Email Address	ROBINONG1988@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90040899	
Alternative Phone No	OTHERS-90040899	
Vehicle Particulars		
Manufacturer	HONDA	
Model	CIVIC	
Exact Purpose for which vehicle was being used at time of accident	PTE	
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	DMPCSN3014851801	
Cover Note Number		
Driver		

Name of Driver ONG CHIN CHONG

NRIC No S0076823E Date Of Birth 08/12/1953 Occupation **INDOOR Date Of Driving Pass** 17/06/1976

Driving Experience 42 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90040899

Fax Number

Contact Number OTHERS-90040899

EMail Address ROBINONG1988@GMAIL.COM Address BLK48 BENDEMEER ROAD#03-1491

Postcode 330048

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

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Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

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)

1

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

ON 22/10/2018 AT ABOUT 1300HRS, I WAS STATIONARY OF MY VEHICLE ALONG THE DRIVE WAY OF BENDEMEER HAWKER CENTRE OPEN SPACE CARPARK. ADJUST MY SIDE MIRROR, SUDDENLY I FELT AN IMPACT FROM MY VEHICLE'S LEFT FRONT PORTION AND REALISED THAT A VEHICLE B(SME8726G) WHICH WAS DRIVE OUT FROM MINOR ROAD (CARPARK LOT) AND HIT ONTO MY STATIONARY VEHICLE'S LEFT FRONT PORTION NOBODY WAS INJURED IN THIS ACCIDENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME8726G

Vehicle Make/Model/Colour SALOON CAR

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR TAN

NRIC/Passport Number

Contact Number 90097526

Address Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

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Nature Of Damage FRONT PORTION

No. Of Passenger (Including Driver)

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Passenger 1 NAME: :

GENDER: : FEMALE

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:

- 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)
 - (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
- 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, 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.

yholder's Signature

Date & Time: 22/10/19

C 1540VI

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name: April

Accident Sketch Plan

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1 14.15	d-18)
	Centre Personnel's Signature
(If driver is not the policyholder) Name: # NRIC/FIN	

Identifcation Card





Driving Licence





















