#### 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	31/10/2018 09:17
Date Of Accident	25/10/2018 14:45
Exact Location Of Accident	SLIP ROAD FROM ZION ROAD INTO GRANGE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT9363U
Insured/Policyholder	
Name Of Registered Owner	MOREWOOD RICHARD GEOFFREY
Passport No/FIN	-
Email Address	TAMARA.DOOLAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92456495
Alternative Phone No	OTHERS-81984924
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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?	YES
If No, Please state action to be taken	
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	DMPCSN3048661801
Cover Note Number	
Driver	

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Name of Driver MOREWOOD TAMARA FAITH

Passport No/FIN F5552634Q Date Of Birth 29/10/1972 Occupation **INDOOR Date Of Driving Pass** 12/05/2015

**Driving Experience** 3 YEARS AND 5 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-92456495

Fax Number

Contact Number OTHERS-81984924

**EMail Address** TAMARA.DOOLAN@GMAIL.COM Address 237 ARCADIA ROAD

#02-04

Postcode 289844

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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
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) 1

#### **Details of Police Action**

Was the accident reported to the police?

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 SKF7606U

Vehicle Make/Model/Colour MINI COOPER

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver NICOLA BOWYER

NRIC/Passport Number

Contact Number 91846959

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### 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)
  - (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.
- (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:

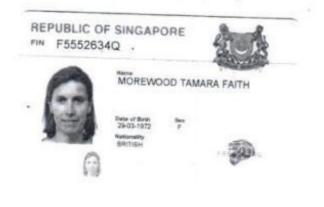
Driver's Signature

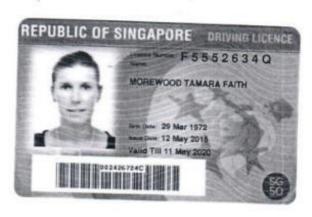
(If driver is not the policyholder) Date & Time:

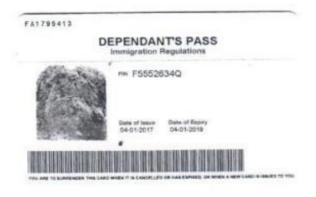
NRIC/FIN No.:

### **Accident Sketch Plan**

KETCH PLAN							
RANGE	SK SK	1	> / 210 N				
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DECLARATION /We declare the fo	oregoing particula	rs are true in eve	ry respect.				
- <	Thurse	7	Thur	P		/ 31ho/s	oct
Policyholder s Signa Date & Time:	sture	Driver's Signa (If driver is no Date & Time:	at the policyhold	ler)	Reporti Name: NRIC/FI	ng Centre Personner's	Signature In







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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 12 May 2015 of the driver; and other motor vehicles =< 2500kg

NP 426A













