#### 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/11/2018 10:31
Date Of Accident	16/11/2018 09:50
Exact Location Of Accident	ANDAZ SINGAPORE-A CONCEPT BY HYATT CARPARK B1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF503B
Insured/Policyholder	
Name Of Registered Owner	MS JENNY CHAN YING YING
NRIC No	S7771921J
Email Address	CHAN.JYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94899993
Alternative Phone No	OFFICE-94899993
Vehicle Particulars	
Manufacturer	BMW
Model	116D 5DR HATCH DSC LED
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	DMPCSN1814401800
Cover Note Number	-
Driver	
Name of Driver	MS JENNY CHAN YING YING
NRIC No	S7771921J
Date Of Birth	12/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94899993
Fax Number	

OFFICE-94899993

CHAN.JYY@GMAIL.COM

78 FLORIA RD #06-43 Address

506918 Postcode

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

NO

NO

Weather Conditions **CLEAR** DRY Road Surface

**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.

0 Number of Passengers (Including Driver)

**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?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLJ5707S

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category **GAN WAN XIN** Name of Driver

NRIC/Passport Number

96214555 **Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- The 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.
- 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:
  - 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")
- 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:

NRIC/FIN No.:

Name

Reporting Centre Personnel's Signature

#### **Accident Sketch Plan**

		A: 56 F 50 3 B
	A B	B = 212 23.42
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RIBE CIRCUMSTANCES	OF THE ACCIDENT	
	82 NEW MARK	Statement
please	Rofer to	Statemen
TARATION		
CLARATION e declare the foregoing par	rticulars are true in every respect.	
LARATION declare the foregoing par	rticulars are true in every respect.	Amil Amil Amil Amil Amil Amil Amil Amil
CLARATION e declare the foregoing par cyholder's Signature	nticulars are true in every respect.  Driver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Signate Name:

#### **Accident Sketch Plan**

MY VEH WAS PARKED INSIDE THE ANDAZ SINGAPORE-A CONCEPT BY HYATT BASEMENT 1 CARPARK, EVERTHING WAS INTACT. WHEN I WENT BACK TO RETRIEVE MY VEH AND I SAW A NOTE ON MY VEH LEFT A CONTACT NUMBER TO CONTACT HER. I FOUND MY VEH LEFT FRONT WAS DAMAGE.

#### **DRIVING DOC**

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