

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	27/11/2018 11:33
Date Of Accident	26/11/2018 19:10
Exact Location Of Accident	STEVEN ROAD MRT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2634A
Insured/Policyholder	
Name Of Registered Owner	TAN CHIN SENG (CHEN ZHENGCHEN)
NRIC No	S7431219E
Email Address	JAMESTANCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97921208
Alternative Phone No	OTHERS-97921208

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM OFFICE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00475138
Cover Note Number	

Driver

Name of Driver	TAN CHIN SENG (CHEN ZHENGCHEN)
NRIC No	S7431219E
Date Of Birth	25/09/1974
Occupation	INDOOR
Date Of Driving Pass	07/08/1993
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97921208
Fax Number	
Contact Number	OTHERS-97921208
Email Address	JAMESTANCS@GMAIL.COM

Address	32 SEGAR ROAD #15-13
Postcode	677722
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : WIFE GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

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	SKQ2804P
Vehicle Make/Model/Colour	VOLKSWAGEN
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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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 "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:

27/11/2018
9:15am

NAME: [illegible]

Driver's Signature

(if driver is not the policyholder)

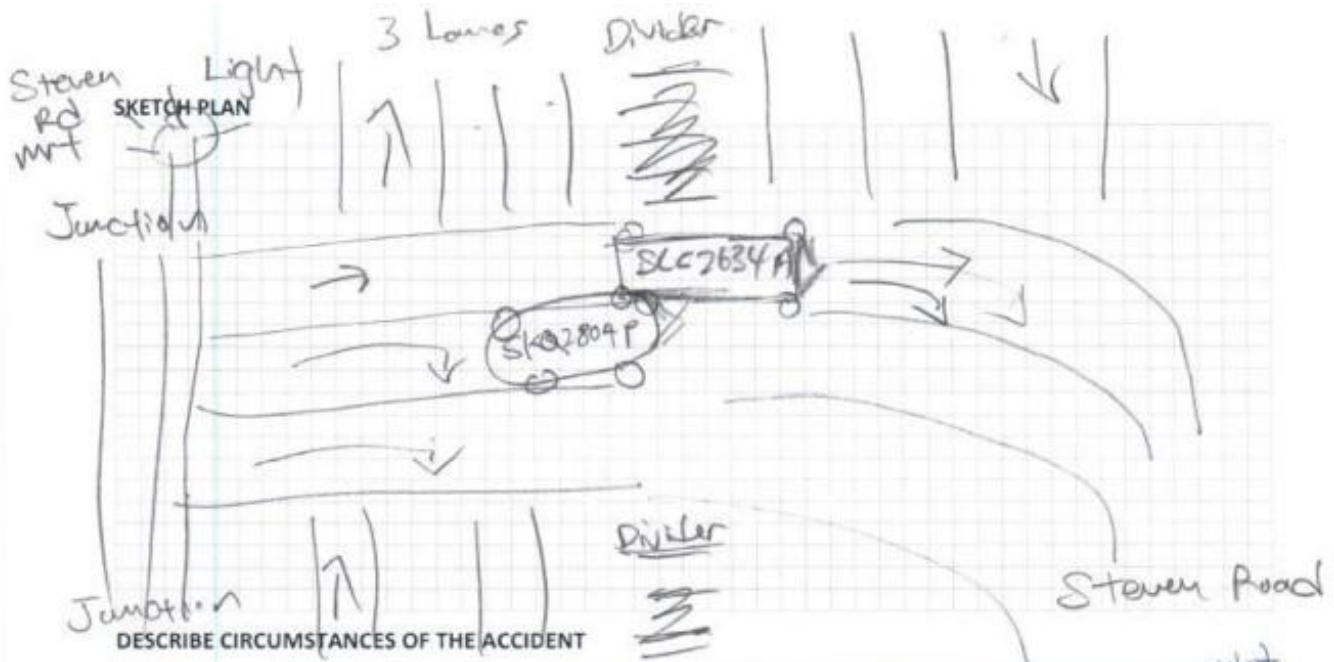
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. [illegible]

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Nov 2018 @ 7:08pm, when my car was turning ^{right} into Steven Road, the SKQ2804P knocked into the side back of my car. We immediately stop to check and the first thing she says was, why did I make a turn on my lane to Steven Road as she got the right of way to go straight to ward upper Timah Rd direction. I told her to check the arrow on the road, i.e. her lane (2nd lane) cannot drive straight. She immediately say will claim my insurance but refuse to give me her contact.

My car is the 2nd car moving out from traffic light, and the first car went straight without turning. When I make my turn in normal speed, I heard a loud bang and felt the jerk. I immediately stop the car to check, and took pictures of the damages. From the picture, I can see her wheel base was in a sudden right position when stationary. Our car side back above the tyre and rim was scratch quite badly. Both drivers took photos and then move forward to reassess the damages. After that she drive on and make a U-turn at St. Joseph Institution / the community centre right turn point.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ID



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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