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 <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.

- 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.
- 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.

经济发展的企业的企业的企业	ACCIDENT STATEMENT	
Date Of Report	29/11/2018 13:51	
Date Of Accident	29/11/2018 08:35	
Exact Location Of Accident	JUNCTION OF MARINA WAY AND MARINA BOULEVARD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGQ6515U	
Insured/Policyholder		
Name Of Registered Owner	LOO SEK LIN	
NRIC No	S7108905C	
Email Address	ADMONDMEI@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-90689696	
Alternative Phone No	OTHERS-90689696	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	S300L	
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	DMPCSN3062791800	
Cover Note Number		
Driver		
Name of Driver	QUEK SWEE HUA	
NRIC No	S7012624I	

 NRIC No
 \$7012624I

 Date Of Birth
 16/04/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 19/05/1988

Driving Experience 30 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90090775

Fax Number Contact Number

EMail Address ADMONDQUEK@GMAIL.COM

Address

BLK 131 SIMEI STREET 1 #11-214 SINGAPORE 520131

Postcode

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

SFG757S

Vehicle

Insurance Company of Driver's Own Vehicle

NTUC INCOME INSURANCE CO-OPERATIVE LTD

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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 29/11/2018 AT ABOUT 0835HRS, I WAS STATIONARY MY VEHICLE ON THE EXTREME LEFT LANE ALONG MARINA WAY TURNING RIGHT ONTO MARINA BOULEVARD DUE TO TRAFFIC LIGHT WAS RED, WHEN THE TRAFFIC LIGHT TURNED GREEN IN MY FAVOUR AND I PROCEED TURN RIGHT .UPON JUNCTION OF MARINA BOULEVARD , A VEHICLE B:SHC773S WHICH WAS TRAVELLING ON THE EXTREME LEFT LANE FROM MARINA BOULEAVARD BEAT THE TRAFFIC LIGHT AND HIT ONTO MY VEHICLE'S LEFT FRONT PORTION .BOTH VEHICLE HAVE NO PASSAENGERS ON BOARD.

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 SHC773S

Vehicle Make/Model/Colour HYUNDAL **Details Of Properties** CITYCAB Vehicle Category TAXI Name of Driver MR CHIA

NRIC/Passport Number

Contact Number 98240908

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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
- 7. By the ladgment 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
- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/11/18 C 1130h

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Accident Sketch Plan

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