#### 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.
- 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	01/12/2018 09:02
Date Of Accident	29/11/2018 14:10
Exact Location Of Accident	WOODLANDS CAUSEWAY TWDS JB CUSTOM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBU1008M
Insured/Policyholder	
Name Of Registered Owner	AW CHI TONG DEREK
NRIC No	S8118687A
Email Address	AW_DEREK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97853428
Alternative Phone No	OTHERS-97853428
Vehicle Particulars	
Manufacturer	NISSAN
Model	ELGRAND
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?	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	DMPCSN3041261800
Cover Note Number	
Driver	
Names of Duiven	ANN CHI TONG DEDEK

Name of Driver AW CHI TONG DEREK

NRIC No S8118687A

Date Of Birth 20/08/1981

Occupation OUTDOOR

Date Of Driving Pass 26/07/2000

Driving Experience 18 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97853428

Fax Number

Contact Number OTHERS-97853428

EMail Address AW DEREK@HOTMAIL.COM

BLK 130B LOR 1 TOA PAYOH Address

#32-516 312130

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** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Postcode

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

NO

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YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : MDM TAN

> GENDER: : FEMALE

Passenger 2 NAME: : ASHER AW

> GENDER: : MALE

Passenger 3 NAME: : ANDER AW

> GENDER: : MALE

Passenger 4 NAME: : LOVEN ZO

> GENDER: : MALE

Passenger 5 NAME: : NELLY

> GENDER: : FEMALE

Passenger 6 NAME: : YUN YUN

> GENDER: : FEMALE

Passenger 7 NAME: : SEOK YUN

> 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** 

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLQ6827K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD SOFFIAN BIN AMIN

NRIC/Passport Number S8536634C Contact Number 88200562

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Boll 18

Driver's Signature (# driver is not the policyholder) / Date & Time

B1600-

Witnessed by Reporting Centre Personnel

(A) - SELLOOSKY

B-STO (871 E

#### **Individual Statement**

	Circumstances of the Accident
00	1 29/11 2018 at about 2.10pm.
10	as driving my valide secreofer atom
wood	Mardo Cavary toward JB. to
A	+ that time was heavily raining . Wh
	driving along cristic lare before readi
	Lorry (split (and).
S	uddenly netricle (B) SIQ 6827K drive
0	n my left into my lane and hist
my	front cost directly.
	alighted and church the scene.
Na.	exchanged particulars. That's all.

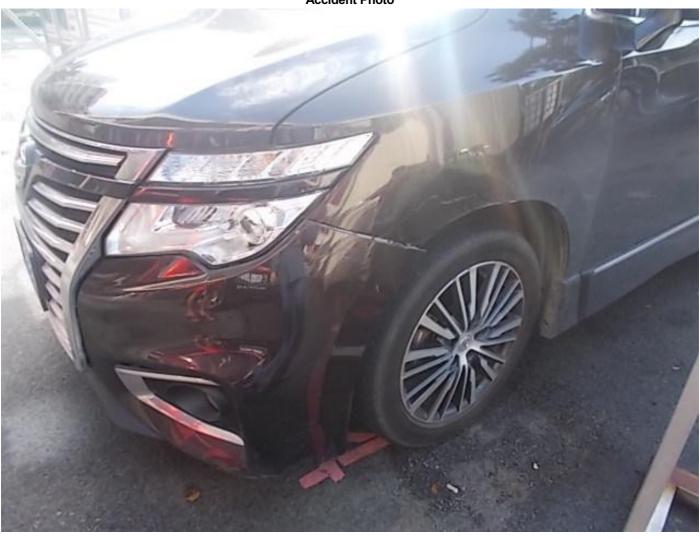
#### Declaration

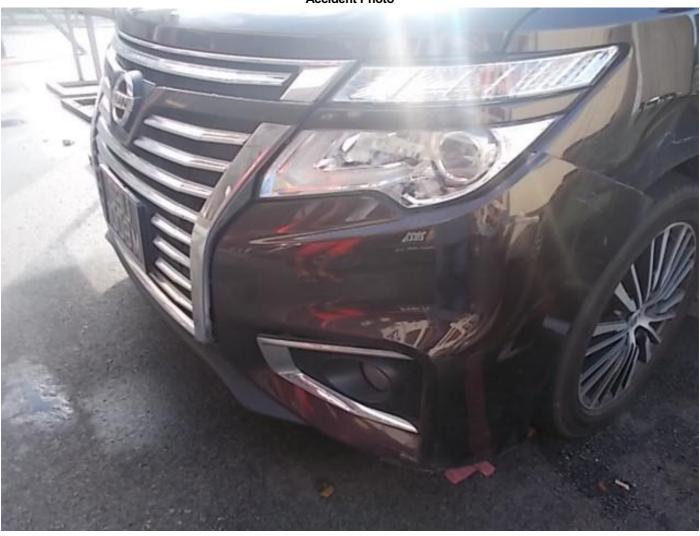
We declare the foregoing particulars are true in every respect.

Driver's Signature (f driver is not the policyholder) / Date & Time 30 (11 (30) 8

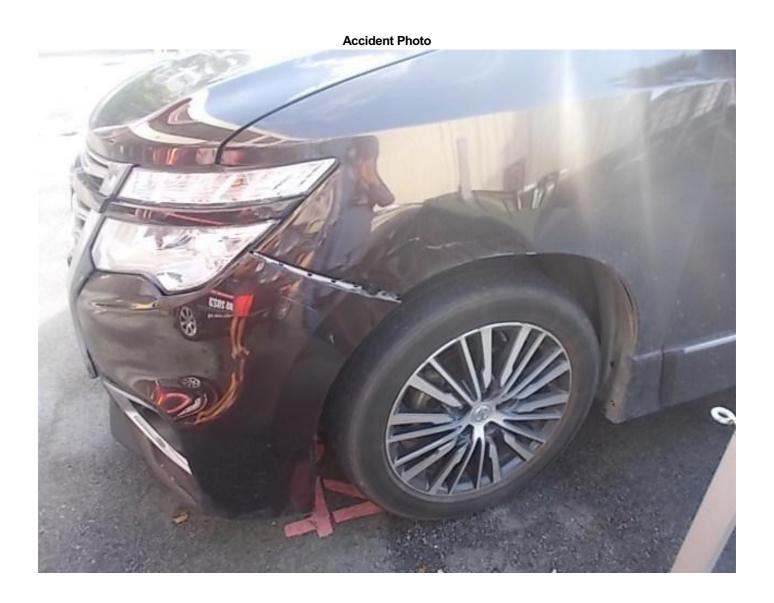
Witnessed by Reporting Centre Personnel

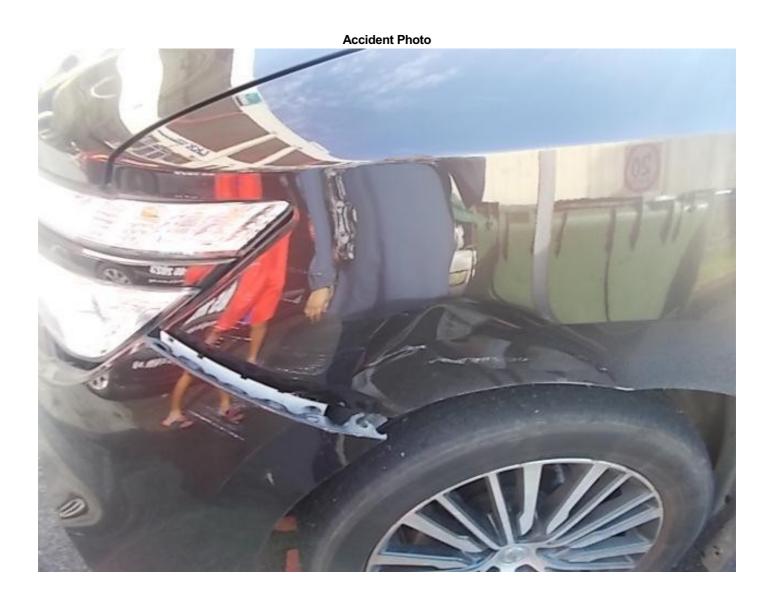




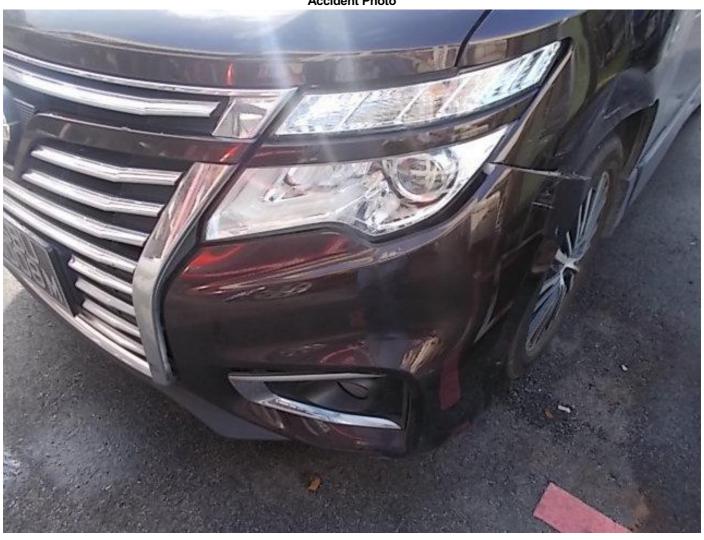






















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