### 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/12/2018 15:19
Date Of Accident	02/12/2018 13:00
Exact Location Of Accident	BUANGKOK GREEN TOWARDS ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8872S
Insured/Policyholder	
Name Of Registered Owner	XL FACILITIES PTE LTD
Co Reg No	200808817D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67795287
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 WITH HOOD
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3024701800
Cover Note Number	
Driver	
Name of Driver	LIM PETER
NRIC No	S1726090A

Name of Driver

NRIC No

S1726090A

Date Of Birth

Cocupation

Date Of Driving Pass

Date Of Driving Pass

LIM PETER

S1726090A

OUTDOOR

OUTDOOR

OUTDOOR

Driving Experience 34 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82827297

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 301C ANCHORVALE DRIVE #07-41

Postcode 543301

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

-

NO

NO

3

NO

NO

**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

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NG LAY SEE

GENDER: : FEMALE

Passenger 2 NAME: : LIM HUI TING

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

MY VEHICLE WAS STOPPED STATIONARY ALONG BUANGKOK GREEN WHEN THE TRAFFIC LIGHT WAS RED. WHEN THE TRAFFIC LIGHT JUST TURNED GREEN AND BEFORE I MOVED OFF , VEHICLE B :SH7341C COLLIDED INTO THE REAR PORTION OF MY VEHICLE.

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 SH7341C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

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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- 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:
  - (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:
  - 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: 3 (2 | & 10 av

Driver's Signature

(if driver is not the policyholder)

Date & Time: 3 12 18 10 am

Reporting Centre Personnel & Stanature

Name:

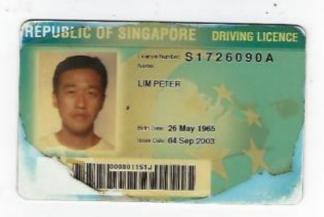
NRIC/FIN No.:

# **Accident Sketch Plan**

->			
ouparp Ave 4			DoA = 2-12-18
<del></del>			2 C F 88 79 D = A
			B=SH7341C
	A Buar	gkok Green	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	0	
before I move Near portion o	d off, veh	ide B = SH =	the just turned green and f341C collided just the
CLARATION			
We declar the for going partic	culars are true in every resp	pect.	1 2 2

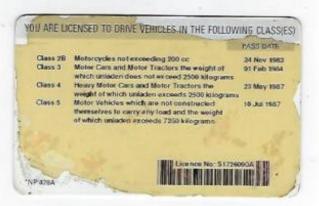
# **Identification Card**





### **Driving Licence**



















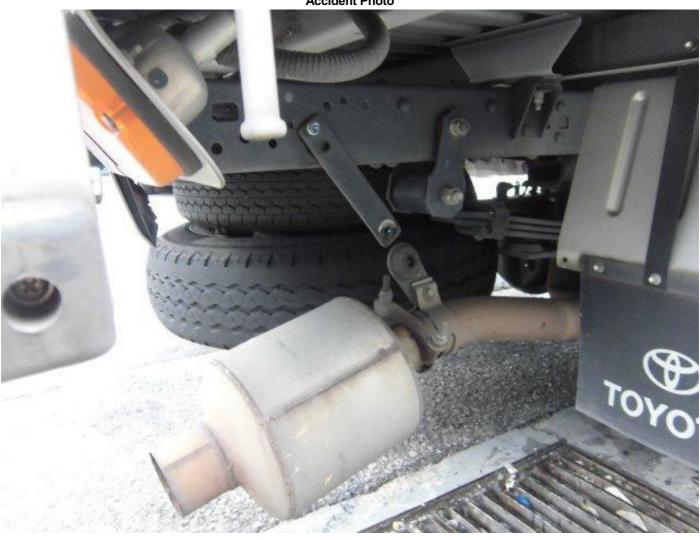








# Accident Photo TOYOTA



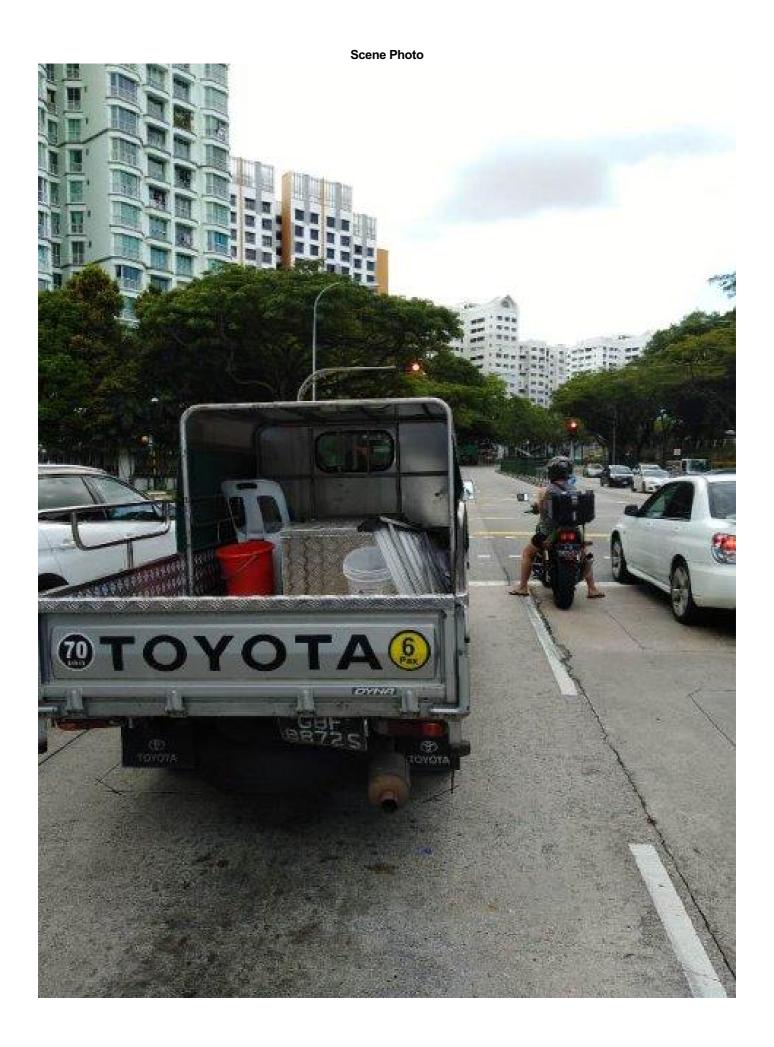












**Scene Photo** 



