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.

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	ACCIDENT STATEMENT
Date Of Report	21/12/2018 18:51
Date Of Accident	20/12/2018 21:05
Exact Location Of Accident	YISHUN RING ROAD BLK 110 CARPARK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA4807T
Insured/Policyholder	
Name Of Registered Owner	POH CHONG SEAN
NRIC No	S6924157C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96835953
Alternative Phone No	OTHERS-96835953
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	REPORTING ONLY
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	DMB1SN1629521802
Cover Note Number	
Driver	
Name of Driver	DOLL CLIONG SEAN

Name of Driver POH CHONG SEAN

NRIC No S6924157C
Date Of Birth 29/07/1969
Occupation OUTDOOR
Date Of Driving Pass 03/03/1990

Driving Experience 28 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96835953

Fax Number

Contact Number OTHERS-96835953

EMail Address NOEMAIL

BLK 671B YISHUN AVENUE 4 Address

#09-594 762671

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

NO

5

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

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:

> GENDER: : FEMALE

: WIFE

: PASSENGER

Passenger 2

ambulance?

NAME: : DAUGHTER

GENDER: : FEMALE

> GENDER: : FEMALE

Passenger 4

Passenger 3

NAME: : PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NAME:

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

SJR9633B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

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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- 8y 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 aforesald.
- 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 insurers) who have insured whicle(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 daims 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 dalivery 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.

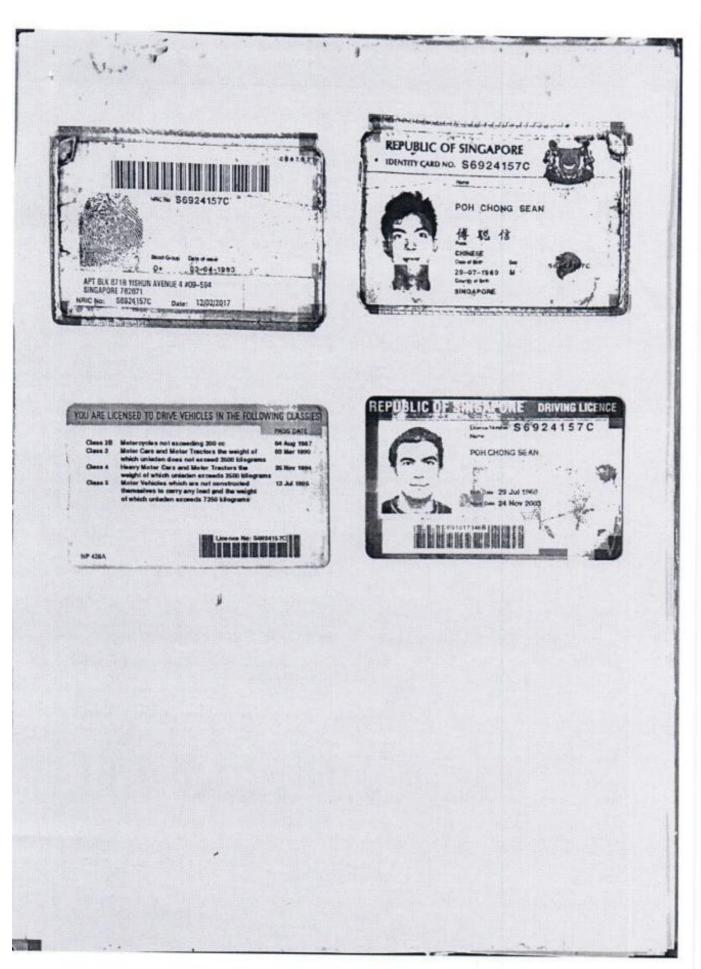
Policyhologi's Signature Date & Tine: Oriver's Signature (If driver is not the policyholder) Data & Time:

Marner VOO

NRIC/FIN No.:

Accident Sketch Plan

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Ou. 20/12/18 @ exit the gants near BIK 110 exit the gantry, Suc Vehicle, causing	9.05 pm. 1 was about to. y at Yishun Ring Road. it. As I was passing through Identy Veh B' drive pass. sing lot & collided onto my
exit the gants near Blk 110 exi the gantry, Suc Brom the park Vehicle, causing	9.05 pm. 1 was about to. y at Yishun Ring Road. it. As I was passing through Identy Veh B' drive pass. sing lot & collided onto my
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from the park Vehicle, causing	ldenly Veh'B' drive pass.
from the park Vehicle, causing	ing lot a collided onto my
Vehicle, causing	
Bumper.	. damage to my rear R.H.
DECLARATION	
VWe declare the foregoing particulars are true in ex	ery respect. 01/12/2018

















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: \$665500200 / d57 Reg. No.: M600017735

BURNESS CONTRACTOR

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

1 1 ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No. Name(as shownin NRIC) : _ NRIC/FIN/Passport No (*Vehicle Driver (Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No. Email Address Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: DMB15N16252602 Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FINNO.

Date: