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 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

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	22/12/2018 13:23	
Date Of Accident	21/12/2018 19:30	
Exact Location Of Accident	HOLLAND ROAD TOWARDS DEMPSEY	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKK1608C	
Insured/Policyholder		
Name Of Registered Owner	HEAH SIEU MIN	
NRIC No	S1659285D	
Email Address	HEAHHSM@HCSURGICALSPECIALISTS.COM	
Mobile Phone No	(LOCAL) +65-90187968	
Alternative Phone No	OTHERS-90187968	
Vehicle Particulars		
Manufacturer	LEXUS	
Model	LS-460 LWB (A)	
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		

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMPCSN3041751801

Cover Note Number

Driver

Name of Driver **HEAH SIEU MIN** NRIC No S1659285D Date Of Birth 07/02/1964 Occupation **INDOOR Date Of Driving Pass** 02/05/1981

Driving Experience 37 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90187968

Fax Number

OTHERS-90187968 Contact Number

EMail Address HEAHHSM@HCSURGICALSPECIALISTS.COM Address 44 DEI TIONG HAM PARK

Postcode 267049

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

2

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)

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

LOCATION: HOLLAND ROAD (JUST AFTER FLYOVER)GOING TOWARDS GLENEAGLES HOSPITAL AT JUNCTION SUMMERVILE ESTATE ROAD. DATE & TIME: 21 DEC 2018 1930HRS. VEHICLE MERCEDES BENZ SGP9288K DRIVEN BT MR WONG KING KHENG (HP 91458657)HIT MY VEHICLE: (SKK1608C) ON THE FRONT LEFT DOOR WHILIST MY VEHICLE WAS MOVING VERY SLOWLY LESS THAN 5KM/HRS AS THERE WAS A TRAFFIC JAM CAUSE BY RTA AHEAD, HE WAS TRYING TO CUT INTO MY LANE AND CLEARLY DID NOT SEE MY VEHICLE AND BUMP INTO MY VEHICLE. HE WAS CUTTING INTO MY LANE FROM MY LEFT, FROM MY BLIND SIGHT (BEHIND ME), THIS SUSTAINED DAMAGE TO MY VEHICLE LEFT FORNT AND REAR DOORS. I HAVE GIVEN PHOTO SHOWING THE RESULT OF THE INCIDENT: MERCEDES SPANNING 2 LANES (HE WAS ON THE BROKEN LINE SEPARATING 2 LANES), MY VEHICLE WAS IN MY OWN LANE MOVING FORWARD, HE WAS CLEARLY AT FAULT BUT TRIED TO TALK HIS WAY OUT OF IT. THE PHOTOS SHOW DAMAGE TO THE DOORS, HIS AND MT CAR HAD NO PASSENGERS AND NO ONE INSIDE /OUTSIDE OUR CAR WERE INJURED. WE EXCHANGED DETAILS AND AGREED TO REPORT TO OUR RESPECTIVE INSURANCE COMPANIES TO GET OUR CARS FIXED AND APPROPIATELY COMPENSATED.

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 SGP9288K

Vehicle Make/Model/Colour MERCEDES S380L

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WONG KING KHENG

NRIC/Passport Number

Contact Number 91458657

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 interested parties.
- 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:
 - 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

Driver's Signature

Date & Time: 22 12

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	
Refer to the Accident Scene Pt	1010
DOA: D1-12-18	
A = SKK 1608 C	
B = SGP9388K	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Location: Holland toad going toward Gt. Summernile Estate Road	eneagles toget junction with
Date: 21 Dec 2018 time 19301tms.	t is to
Vehicle Mexicoles henz SGP 92884 dinner	by Mr Wong King Kheng
(HP 9145 8657) hit my Leans LS460 SKE 10	608c on the front left don
a trallie da la la to pro ales	
a traffic Jam larse by RTA ahead	not see an is and
bump into my car. He was cuting Into	
from my blind sight (behind me).	This end sustained
damage to Lexus left front and	rea doors.
I have fiven photos showing the resu	
	the broken line separating
	won lane moving forward.
Ik was clearly at fourt but fired to t	
The photos show damage to the door	
1 /	I outside our cars wen
injured.	
We exchanged defails and agreed	to reant to our
respective insurance companies to get	our cars fixed and
appropriately examples sated.	
DECLARATION /	
I/We declare the foregoing particulars are true in every respect.	Ň.
xleah?	And
Policyholder's Signature Date & Time: 22 (2 8 300 km (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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Identification Card





Driving Licence









































