## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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	27/12/2018 17:23		
Date Of Accident	21/12/2018 19:00		
Exact Location Of Accident	3 BIDEFORD RD		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SFL7888A		
Insured/Policyholder			
Name Of Registered Owner	MOY SHUNXIANG		
NRIC No	S8318807C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96322221		
Alternative Phone No	OTHERS-96322221		
Vehicle Particulars			
Manufacturer	BMW		
Model	320I-2.0 (A)		
Exact Purpose for which vehicle was being used at time of accident	PTE 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	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMPCSN1691031701		
Cover Note Number	28/12/2017 - 27/12/2018		
Driver			
Name of Driver	MICHELLE MILYARTI WANTASEN		
NRIC No	S9177291D		
Date Of Birth	05/06/1991		
Occupation	INDOOR		
Date Of Driving Pass	05/01/2013		
Driving Experience	5 YEARS AND 11 MONTHS		
Gender	FEMALE		
Mobile Number	(LOCAL) +65-93886213		
Fax Number			

MICHELLEMWANTASEN@YAHOO.COM

3 BIDEFORD RD #18-03 Address

Postcode 229920

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## **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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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: : MERILYN

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?

NO

NO

**Circumstances of Accident** 

# REFER TO STATEMENT

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC8514X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

KELVIN LIONG KIN CHUNG Name of Driver

NRIC/Passport Number S7343417C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO .: SFL 7888A INSURER : China DATE & TIME: 2112118 (\$ 1900

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

N.

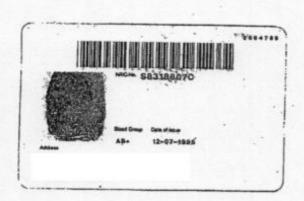
NRIC/FIN No.

SKETCH PLAN	********	
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		(w   passenger:
		Merilyn-t)
161		B: SHC 8514X
		Kelvin Liona Kin Chung
		Cocation: 3 Bideford ra
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	The report being coale trainable aforesaid.
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Note : Please note that your	insurer may have 14days Tir	me Frame for you to submit an Own Damage Claim
under your own comp	rehensive policy. Please che	ck with your policy for more information.
We declare the foregoing particul	ars are true in every respect.	A
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olicyholder's Signature ate & Time:	Oriver's Signature (If driver is not the policyhold	111111
	Date & Time: n Own Policy ( ) Claim Thi m OD/TP at other workshop (	ird Party () Reporting Only

## **OWNER IC**

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## **DRIVER IC & DL**









