#### 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.	
	ACCIDENT STATEMENT
Date Of Report	31/12/2018 14:23
Date Of Accident	29/12/2018 16:30
Exact Location Of Accident	DUNEARN ROAD AFTER DUNEARN UNDERPASS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN5537G
Insured/Policyholder	
Name Of Registered Owner	HUANG JINGLIU
NRIC No	S8383361J
Email Address	SEA.NTU.HIT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98175666
Alternative Phone No	OTHERS-97125565
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3046961801
Cover Note Number	
Driver	
Name of Driver	LIU HAIBO

Name of Driver LIU HAIBO
NRIC No S8277342H
Date Of Birth 06/07/1982
Occupation INDOOR
Date Of Driving Pass 12/05/2014

Driving Experience 4 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97125565

Fax Number

Contact Number OTHERS-98175666

EMail Address SEA.NTU.HIT@GMAIL.COM

3T HILLCREST ROAD Address

Postcode 286677

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

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

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

Passenger 2

NAME: : SON

GENDER: : MALE

Passenger 3 NAME: : SON

> GENDER: : MALE

#### **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**

#### PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

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

Vehicle Registration Number SKU7323G Vehicle Make/Model/Colour **JAGUAR** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category

JASPAL SINGH DHALIWAL Name of Driver

NRIC/Passport Number S7641264B 90270454 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  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:
  - (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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

3018-12-31 11:00

Name: BSLI WATER

#### **Accident Sketch Plan**

SKETCH PLAN			
		3KM55374	
		TOURT	
Juneary Under Pass		- Final Control	
		Sku7323G	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
			7
I was driving	along Dunearn Roa	ed, after exiting from the unc	derp
Some taxi just	changed to my la	are without checking the him	disp
I was driving a	et around 60-70	KM/hr and was travelling	g l
with my wife &	tun small kids	cone aged 6 & one age	163
to any wife o	1 160 smell roo	1	1
to avoid hitti	g the car, I the	ed to squeeze to the rigi	6.t
lane, unluckily	, it collided wit	th sku7313g, we stopped a	and
took shotoes	exchanged detail	as no one was hurt w	e
I.A	Jun	,	
uqu.			
DECLARATION	culars are true in every respect.		
y we declare the foregoing parti	Luiars are crue in every respect.	/11	
	Linkailan	1 2/12/2018	
Balla kaldada Firant	Liginarion	-1110	4
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyhold	Reporting Centre Personne's Signature Name:	ms
	Date & Time:	NRIC/FIN No.: NEW Z. WIST	
CHARGE Sketchttanform 57	2018-12-31 11:	il (am	







































