

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	27/12/2018 13:10
Date Of Accident	26/12/2018 21:40
Exact Location Of Accident	ALONG BARKER ROAD (OUTSIDE UNIT 27)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1J
Insured/Policyholder	
Name Of Registered Owner	JOSEPH CHAI MING LEONG @ CHAI KENG LEONG
NRIC No	S7670439B
Email Address	JOSEPH@CHAI.SG
Mobile Phone No	(LOCAL) +65-98739873
Alternative Phone No	OTHERS-98739873

Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE-3.0 S HYBRID (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00089143/06
Cover Note Number	

Driver

Name of Driver	JOSEPH CHAI MING LEONG @ CHAI KENG LEONG
NRIC No	S7670439B
Date Of Birth	11/11/1976
Occupation	INDOOR
Date Of Driving Pass	01/12/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98739873
Fax Number	
Contact Number	OTHERS-98739873
Email Address	JOSEPH@CHAI.SG

Address	30B BARKER ROAD
Postcode	307483
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 - OPENING DOOR OF VEHICLE
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
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)	1

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
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8833U
Vehicle Make/Model/Colour	MERCEDES BENZ E CLASS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAU BOON SENG
NRIC/Passport Number	S1436386F
Contact Number	91078880
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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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:

27/12/2018 @ 13:00hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personal Signature

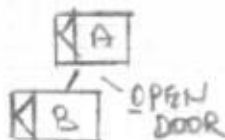
Name:

NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN

ALONG BARKER ROAD (OUTSIDE UNIT 27)



A) SJR13
B) SHD88334

UNIT
27
BARKER ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/12/2018 at about 2140hrs, while I was driving along Barker Road toward home. A white colour vehicle (SHD88334) was spotted stationary outside Unit 27, alighting its passengers. Upon ensuring that the passengers alighting from the taxi was on the left side of the vehicle, I approach slowly to move forward to overtake the taxi. When my vehicle (SJR13) was by the side of the taxi, I heard a loud "thud" and ^{saw} a white door tipped forward on my left side of my vehicle. Knowing that my vehicle was bumped from the side, I shifted my vehicle forward to check. I realised that there was a big hole at the left side of my vehicle (right behind the left head lamp). The white side from front to back was all badly scratched. Driver of vehicle SHD88334 apologized profusely and so was his passenger (Ms. Reshami who is the resident of Unit 27). They told me that the passenger who opened the door was from States and she does not know the Singapore rule that they can just alight from the right without checking. Driver of vehicle SHD88334 (Mr. Low Boon Seng @ 91078880) told me to claim against his insurance company for all the damages caused to my car. That is all.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

27/12/2018 @ 1320hrs

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

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

