#### 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.	ent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	21/01/2019 11:19			
Date Of Accident	18/01/2019 23:00			
Exact Location Of Accident	ALONG SERANGOON ROAD TOWARDS MACPERSON ROAD			
Country/State of Loss	SINGAPORE			
D	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKK4484K			
Insured/Policyholder				
Name Of Registered Owner	TAN HENG CHOO			
NRIC No	S7727681E			
Email Address	LYNNTAN33@HOTMAIL.COM			
Mobile Phone No	(LOCAL) +65-96994484			
Alternative Phone No	OTHERS-84888340			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	C180			
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?	YES			
If No, Please state action to be taken				
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	DMPCSN3005041805			
Cover Note Number				
Driver				

Name of Driver TAN KUAN HIANG, WILKINSON

 NRIC No
 \$7406280F

 Date Of Birth
 17/02/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 20/10/2003

Driving Experience 15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84888340

Fax Number

Contact Number OTHERS-96994484

EMail Address LYNNTAN33@HOTMAIL.COM

**BLK 137 RIVERVALE STREET** Address

#16-752

Postcode 540137

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - BROTHER IN LAW

Insurance Company of Driver's Own Vehicle

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

**COLLISION - HEAD TO REAR** Type Of Accident

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

#### PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

NO

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

Vehicle Registration Number SKC7496K Vehicle Make/Model/Colour **BMW 318** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SHAMINI D/O SINGARAM

S7433310I NRIC/Passport Number 96624157 **Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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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 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 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/mall 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 Date & Time:

GIARMS STRUMPHONE SEE

Oriver's Signature (if driver is not the policyholder Date & Time: 2/1/1/1

NRIC/FIR

### **Accident Sketch Plan**

SKETCH PLAN	brome	SHLANGOON	PD TOWERDS	macparson	RO
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