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

| aforesaid. | consent to the archiving of this report at the centre and to copies of the report being made available | | | |
|-----------------------------|--|--|--|--|
| | ACCIDENT STATEMENT | | | |
| Date Of Report | 28/01/2019 16:24 | | | |
| Date Of Accident | 26/01/2019 12:00 | | | |
| Exact Location Of Accident | JUNCTION OF SIMS AVENUE EAST & STILL ROAD | | | |
| Country/State of Loss | SINGAPORE | | | |
| DETAILS OF OWN VEHICLE | | | | |
| Vehicle Registration Number | SGX88M | | | |
| Insured/Policyholder | | | | |
| Name Of Registered Owner | CHUA SIEW LIAN | | | |
| NRIC No | S1792670E | | | |
| Email Address | CHUA.SIEWLIAN@YAHOO.COM.SG | | | |
| Mobile Phone No | (LOCAL) +65-93366088 | | | |

OTHERS-93366088

Alternative Phone No **Vehicle Particulars**

NISSAN Manufacturer

Model SYLPHY 1.8 CVT SIGNATURE SERIES

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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

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

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMPCSN3018271801

Cover Note Number

Driver

Name of Driver **CHUA YUE PENG**

NRIC No S1377915E Date Of Birth 25/03/1959 Occupation INDOOR **Date Of Driving Pass** 11/06/1979

Driving Experience 39 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93366066

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 20 UPPER BOON KENG ROAD #16-660 Address

Postcode

Was driver an employee of the Insured's Company NO

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

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

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)

NO 2

Passenger 1

NAME: : CHUA SEW TEK

GENDER: : MALE

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

I WAS TRAVELLING ALONG SIMS AVE EAST HEADING TOWARDS STILL ROAD, UPON THE TRAFFIC JUCNTION, WHEN MAKING A RIGHT TURN INTO STILL ROAD , THE FRONT VEHICLE :SBL8828P SUDDENLY JAM BRAKE DUE TO A PEDESTRAIN WAS CROSSING THE ROAD, I ASLO JAM BRAKE BUT FAILED TO STOP IN TIME AND HIT THE REAR PORTION OF SBL8828P. NO ONE WAS INJURED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SBL8828P**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR AW SOON BENG Name of Driver

NRIC/Passport Number S1539949Z

Contact Number

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/faw 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.

Policyhologi's Signature

Date & Time: 28 1 19 161

Driver's Signature

(If driver is not the poljcyholder)

Date & Time: 2

Reporting Co Name:

NRIC/FIN No.

Accident Sketch Plan

| | | 1 | DOA: 26-1-19 | |
|----------------|------------------------|----------|---------------------|--|
| | | 1/ | | |
| | | | A = SGX 88 M | |
| Sims | | | B = SBL 8828 P | |
| the East | | | 2: Pedestrain | |
| 7 | | Still Rd | -> | |
| ESCRIBE CIRCUI | MSTANCES OF THE ACCIDE | INT | | |
| SBL 882 | was injured. | | the rear portion of | |
| | | | | |
| | | | | |
| | | | | |
| DECLARATIÓN | | | | |

Identification Card





Driving Licence









































