#### 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	08/02/2019 10:40		
Date Of Accident	06/02/2019 12:10		
Exact Location Of Accident	ALONG YISHUN AVENIUE 7 AFTER CANBERRA DRIVE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GZ3000K		
Insured/Policyholder			
Name Of Registered Owner	M/S DENNIS DESIGN		
Co Reg No	53033641C		
Email Address	DENNISDESIGN2012@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90675715		
Alternative Phone No	OFFICE-90675715		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	HIACE		
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES		
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	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCVSN1818291800		
Cover Note Number			
Driver			
Name of Driver	DENNIS WEE HOCK SENG		
NRIC No	S0133771H		

 NRIC No
 S0133771F

 Date Of Birth
 25/12/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 04/08/1983

Driving Experience 35 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90675715

Fax Number

Contact Number OFFICE-90675715

EMail Address DENNISDESIGN2012@GMAIL.COM

**BLK 216 YISHUN STREET 21** Address

#09-325

Postcode 760216

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**

**CHAIN COLLISION** 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

3

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**

#### PLEAS REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

**COULD NOT RETRIEVE** 

Was there any audio recorded?

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

Vehicle Registration Number SKJ9355J

Vehicle Make/Model/Colour TOYOTA CAMRY

**Details Of Properties** 

Vehicle Category PRIVATE CAR

**TEOH ZHI SHENG** Name of Driver

NRIC/Passport Number S9346357I Contact Number 93219463

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number SFP8554K Vehicle Make/Model/Colour MAZDA

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

CHITRAKALA D/O G ARUMUGAM

S1719633B

98242057

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 7. 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)
  - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

DENNIS DESIGN

Block 216 Yishun Street 21 #09-325 Singapore 760216 Co. Rug No. 330336-016

Policyholder's Signature Date & Time

Driver's Signature

(If driver is not the policyholder)

MA

Date & Time:

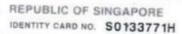
07-02-2019

Reporting Centre Pergonnyl's Signatury
Name:
NRIC/FIN No.: XOW WATTOM

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#### **Accident Sketch Plan**

SKETCH PLAN	4	
	3	A) GZ3000C
	3	B) SKJ 93557
		DN 201 412.37 7
	7 Jag	C) SEPRISTY
25,		nun Ave I
12	C 6 A	
DESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT	
ex 66/00/2019	A7 ABOUT 12:10HES	T WAS DRIVING My
	COM9 YISHUM AUK 7 TRAFFI	
AFTER 7th functi	UN OF CAMBRIAGA DRIVE	
SKJ 9355J BRAKI	4 9 1 COULD NOT BRA	HE ON TIME 9
Itn THE REAR OF	THE CAR & THE CAR	MOUR FORWARD 9
HIT SFP 8004K T	THAT ALL.	
DECLARATION		
/We declare the foregoing particulars a		/ / / /
Block 216 Youlun Street 21	D	al 2802/2019
Policyholder's Signature Pore 76021		eporting Centre Personnel's Signature
are a time.		RIC/FIN No.: KEYL WITHOUS





DENNIS WEE HOCK SENG

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CHINESE Dete of parts. 25-12-1964 Country/Make of Salts. SINGAPORE





