

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	02/02/2019 11:19
Date Of Accident	01/02/2019 18:30
Exact Location Of Accident	BOON KENG RD TOWARDS TOWNER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9354X
Insured/Policyholder	
Name Of Registered Owner	CHUA AIK HWEE
NRIC No	S1798796H
Email Address	SAMCHUA88@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97973858
Alternative Phone No	OTHERS-97973858

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PVT 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	DMPCSN3090911700
Cover Note Number	25/11/18-24/11/19

Driver

Name of Driver	CHUA AIK HWEE
NRIC No	S1798796H
Date Of Birth	23/10/1967
Occupation	INDOOR
Date Of Driving Pass	26/01/1998
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97973858
Fax Number	
Contact Number	OTHERS-97973858
EMail Address	SAMCHUA88@YAHOO.COM.SG

Address	BLK 157 JLN TECK WHYE #08-125
Postcode	680157
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 - HEAD ON COLLISION
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?	
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

I WAS DRIVING TURNING INTO THE CARPARK ON BOON KENG ROAD, THE TRAFFIC WAS VERY HEAVY AT 6:30PM. THE OTHER SIDE OF THE ROAD WAS PACKED WITH CARS LEAVING ONLY THE YELLOW BOX FOR CROSSING. THERE ARE 3 LANES, 2 OF THE LANES WERE FULL OF CARS, THE 3RD LANE WAS EMPTY. I CHECK NO CAR AND CROSS/TURN IN VERY SLOWLY. I WAS TURNING INTO THE CARPARK VERY SLOWLY AS I CAN ONLY SEE A SHORT DISTANCE DUE TO THE CARS IN THE JAMS, THEN SUDDENLY I WAS HIT VERY HARD. MY CAR WAS THROWN 90DEG CLOCKWISE, THUS SHOW THE SPEED OF THE OTHER CAR WITH THAT HIGH IMPACT. THE OTHER DRIVER WAS DRIVING WAY TOO FAST IN A HDB FLAT AREA.

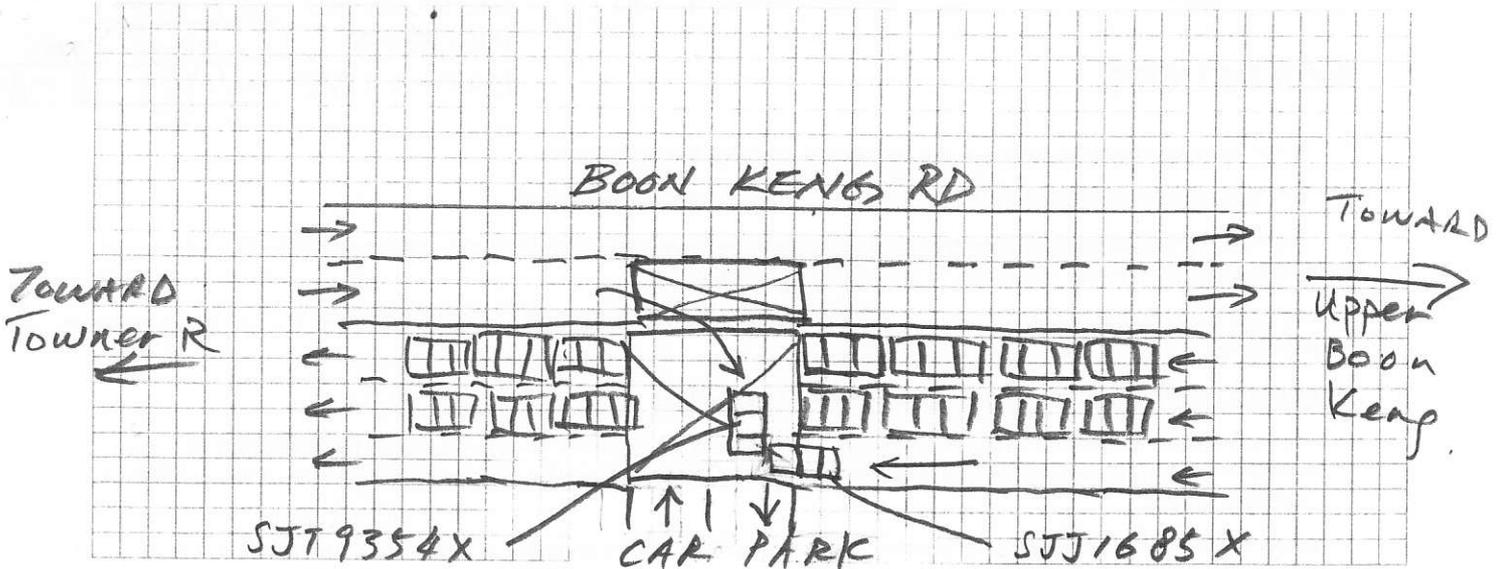
Attachment(s)

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	SJJ1685X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHONG MENG VINCENT
NRIC/Passport Number	S0194966G
Contact Number	91073893
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving ^{turning} into the Car Park on Boon Keng Road, the traffic was very heavy, at 6:30 pm.

The other side of the road was packed with cars leaving only the yellow box for crossing, there are 3 lanes, 2 of the lanes were full of cars, the 3rd lane was empty, I check no car and cross/turn in very slowly.

^{to the car park} I was turning in, very slowly as I can only see a short distance due to the cars in the jams, then suddenly I was hit very hard, my car was thrown 90° clockwise, this show the speed of the other car with that high impact. The other driver was driving way too fast in a HDB Flat area.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

2/2/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

W

NRIC/FIN No.:

GIANC Sketch Plan Form V3

Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop ()

[Signature] 2/2/19

SKETCH PLAN

VEHICLE NO.: SJT 9354X
INSURER : CHINA TAIFENG
DATE & TIME: 01/02/19 6.30 P.M

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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.

[Signature]
 Policyholder's Signature
 Date & Time:
2/2/19 11:10 am

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

[Signature] 2/2/19
 Reporting Centre Personnel's Signature
 Name: *[Signature]* *[Signature]*
 NRIC/FIN No.: