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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/02/2019 11:11
Date Of Accident	16/02/2019 11:15
Exact Location Of Accident	MOUNT ELIZABETH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG2378G
Insured/Policyholder	
Name Of Registered Owner	FANG SWEE LIN
NRIC No	S8124370J
Email Address	SWEELINFANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96577870
Alternative Phone No	OTHERS-96577870
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180-1.6 AVANTGARDE (R17 LED) (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPCSN1832761800
Cover Note Number	29/10/2018 - 14/10/2019
Driver	
Name of Driver	FANG SWEE LIN

NRIC No S8124370J Date Of Birth 21/08/1981 Occupation **INDOOR Date Of Driving Pass** 31/10/2006

Driving Experience 12 YEARS AND 3 MONTHS

FEMALE Gender

Mobile Number (LOCAL) +65-96577870

Fax Number

Contact Number OTHERS-96577870

EMail Address SWEELINFANG@GMAIL.COM Address BLK 209 BUKIT BATOK ST 21 #07-178

Postcode 650209

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 - MAJOR/MINOR RD

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?

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

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AFTER CHECKING ON BOTH LEFT AND RIGHT FOR CLEARANCE, I THEN SLOWLY STEERED OUT AND NEXT MOMENT FELT A SUDDEN IMPACT AND REALISED MOTOR CAR SKP6797E HAD COLLIDED ONTO MY VEHICLE FRONT RH PORTION. NO ONE WAS INJURED.

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 SKP6797E

Vehicle Make/Model/Colour BLACK BMW X1

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

VEHICLE NO .: \$ 19623786 INSURER DATE & TIME: /

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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.
- (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

Driver's Signature (If driver is not the policyholder)

Date & Time-

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

GIARMC SketchPlanForm_V3

Sketch Plan #2

CROCOTT INT #2	
10	
SKETCH PLAN	
SKETCH PLAN Mount ElizaGeth Hospital	A SWG 23786
Mount Elizabeth	B: SKP6797E Black BMW X (alone).
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	THE WILL AND ASSESSMENT OF THE PARTY OF THE
Vehicle No: Sung 23786 (China)	HOUSE CITY BUSINESS NAME OF THE PARTY OF
Date & Time : 16/02/19 @ 1115 (de	aydy)
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Note: Please note that your insurer may have 14days Time Frame f	for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with you	ar policy for more information.
DECLARATION	N
/We declare the foregoing particulars are true in every respect.	
	4
KI Charles and Cha	
Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: AMAK
Date & Time: SIARMIC SketchPlanForm_V3 Claim Own Policy () Claim Third Party (NRIC/FIN No.: () Reporting Only
() Claim OD/TP at other workshop ()

Accident Photo



Accident Photo

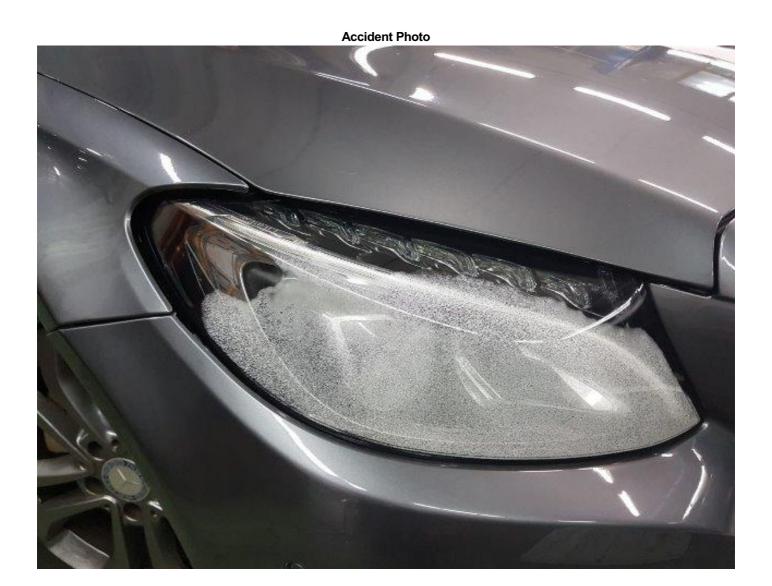




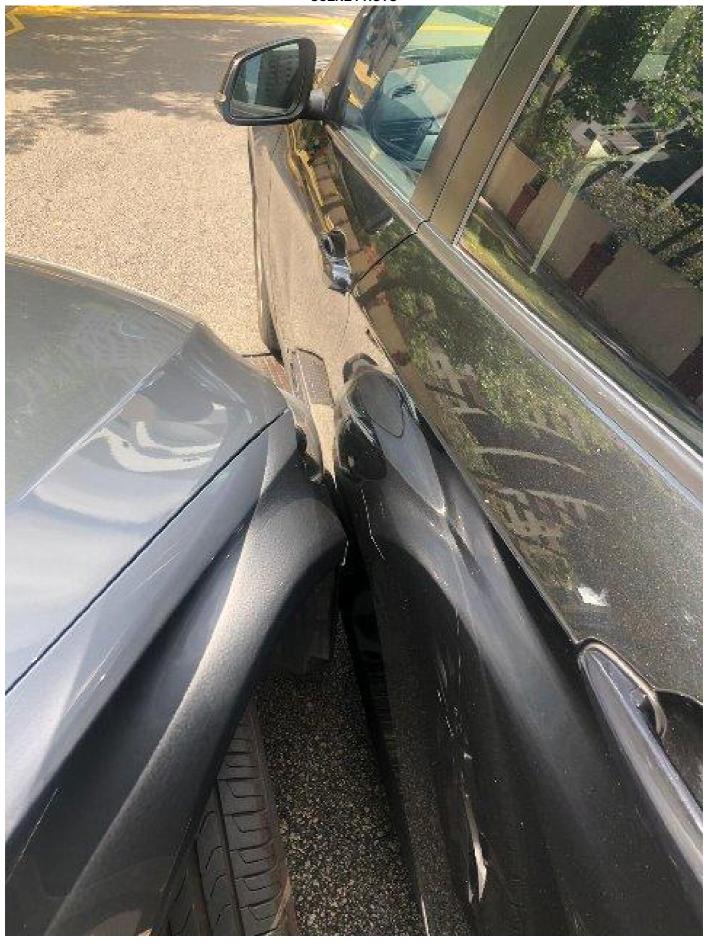
Accident Photo







SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



