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.	
	ACCIDENT STATEMENT
Date Of Report	01/03/2019 16:58
Date Of Accident	01/03/2019 13:45
Exact Location Of Accident	GUILIN VIEW CONDO CARPARK A MSCP
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT1881G
Insured/Policyholder	
Name Of Registered Owner	TOH SOON LEE LYVIN
NRIC No	S7931991J
Email Address	LYVIN_TOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91779618
Alternative Phone No	OTHERS-91779618
Vehicle Particulars	
Manufacturer	MASERATI
Model	GHIBLI
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	DMPCSN1620471802
Cover Note Number	
Driver	

Name of Driver TOH SOON LEE LYVIN

NRIC No S7931991J Date Of Birth 17/10/1979 Occupation **INDOOR Date Of Driving Pass** 23/03/1999

Driving Experience 19 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91779618

Fax Number

Contact Number OTHERS-91779618

EMail Address LYVIN TOH@YAHOO.COM.SG Address BLK 269 TOH GUAN ROAD #09-83

Postcode

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?

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

ON 01/03/2019 @ 1348 HRS, I WAS DRIVING AND ENTERING MSCP CARPARK "A" OF GUILIN VIEW CONDO. WHEN I MADE A TURN UP THE 2ND LEVEL RAMP, MY CAR FRONT RIGHT COLLIDED WITH THE FRONT RIGHT OF ANOTHER RED CAR WHICH IN POSITIONING FOR DRIVING DOWN THE RAMP. THE IMPACT IS NOT THAT BIG, BUT THERE ARE DAMAGES TO BOTH CARS FRONT RIGHT. MY CAR BUMPER AND RIGHT HEADLIGHT BROKE . I FELT THAT THE CAR TURNING DOWN, POSITIONING MORE TOWARDS MY TURNING UP LANE INSTEAD OF KEEPING MORE LEFT TOWARDS HIS TURNING DOWN LANE. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ1964R Vehicle Make/Model/Colour **HONDA**

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver HONG ZHI HAO NRIC/Passport Number S9239675D **Contact Number** 94561791

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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) 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
- 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)

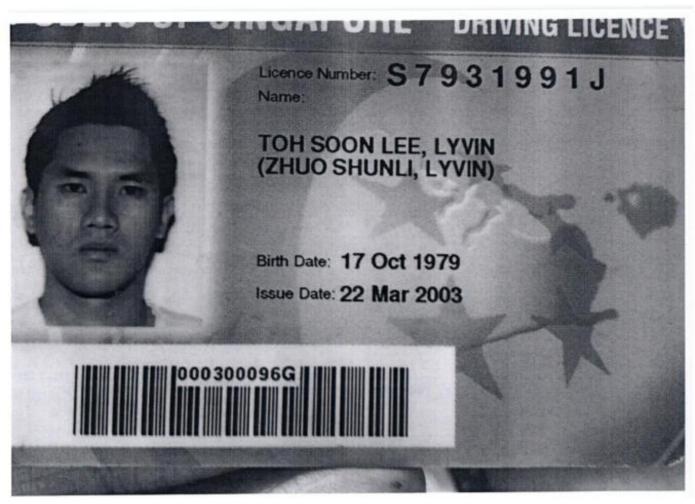
Date & Time:

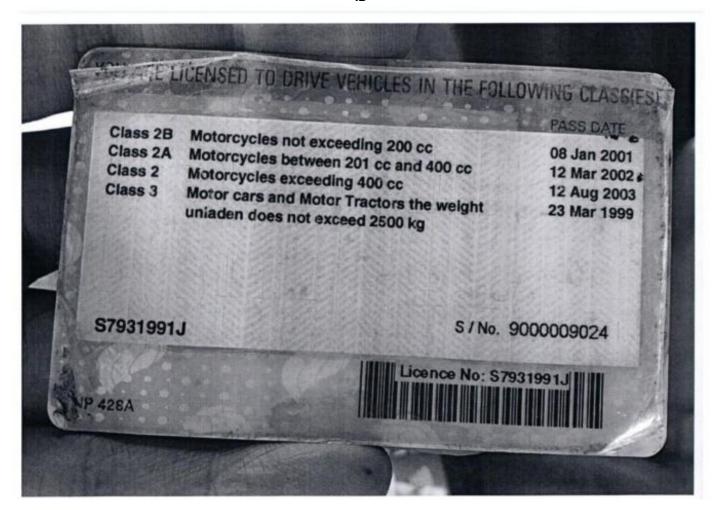
Accident Sketch Plan

	ANGE C
ESCRIBE CIRCUMSTANCES	A) SKT 1881 G B) SJJ 1964 R
RETAL TO SIBI	
VECLARATION We declare the foregoing partic	ulars are true in every respect.
Policyholder Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Dat



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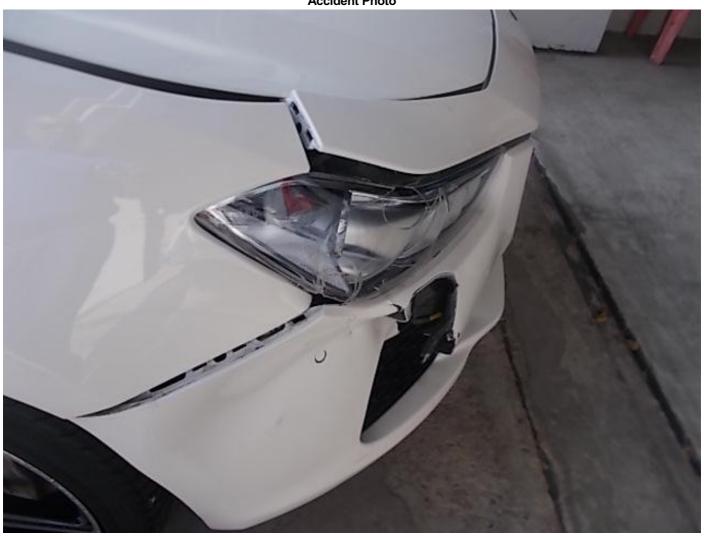








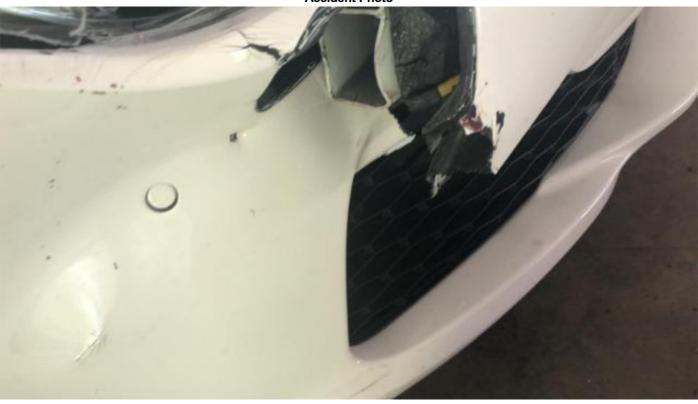






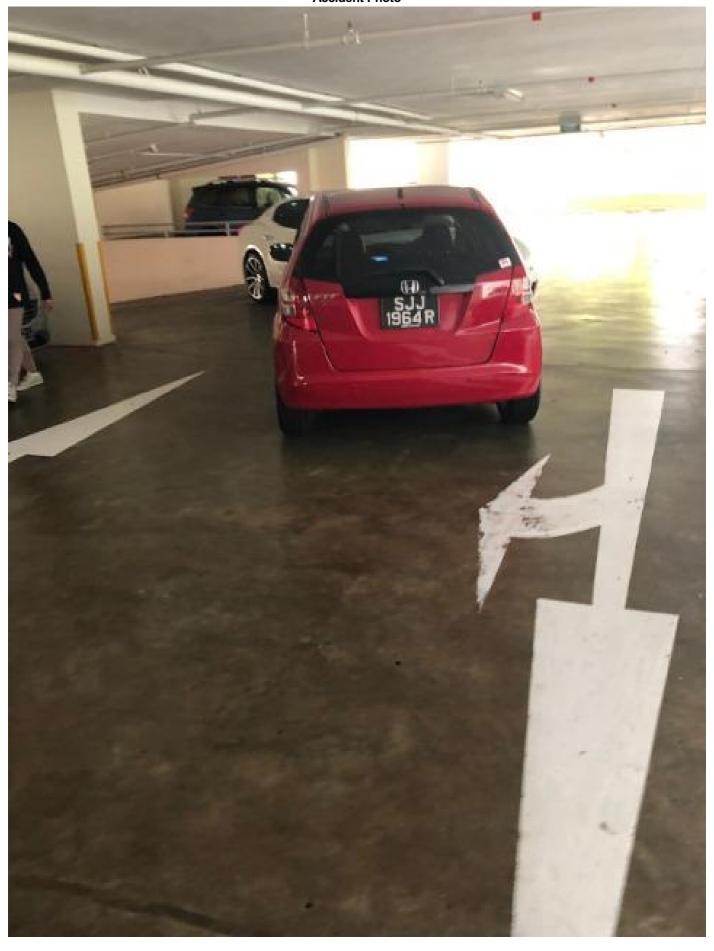








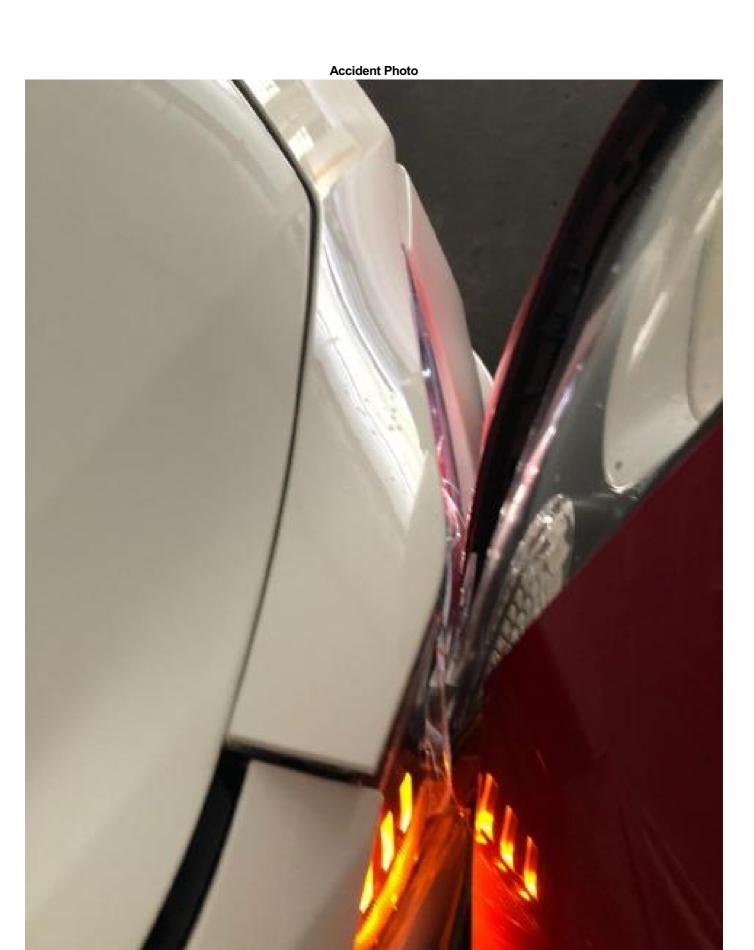


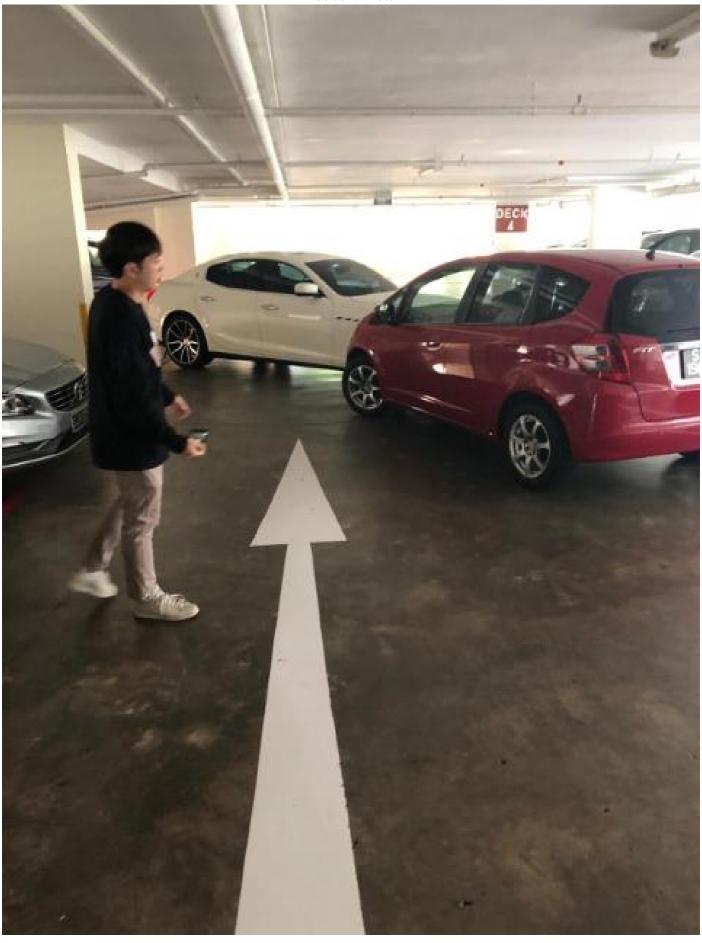


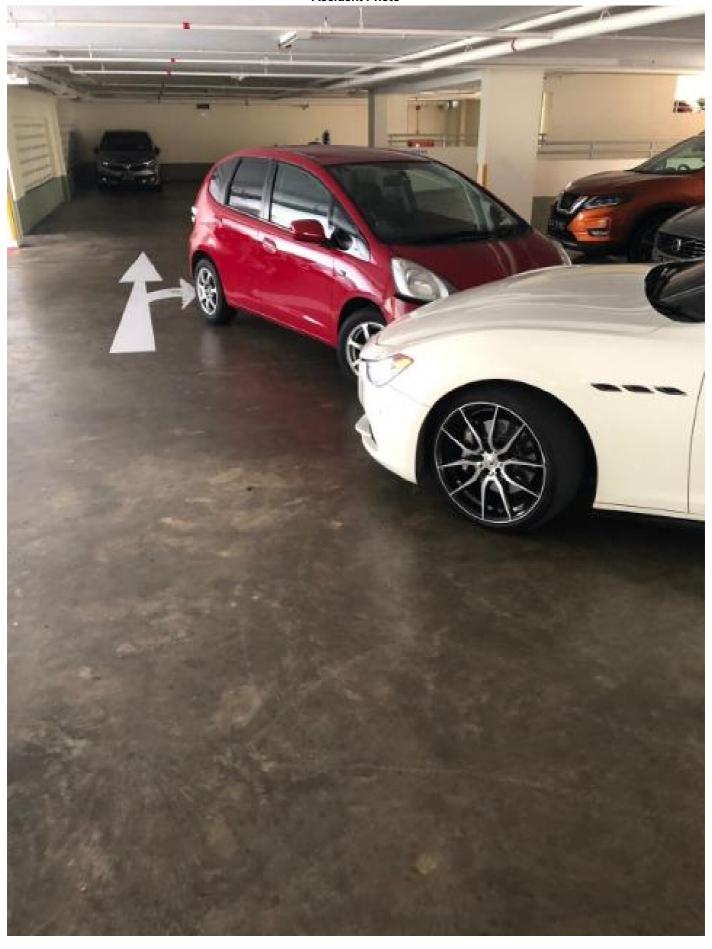




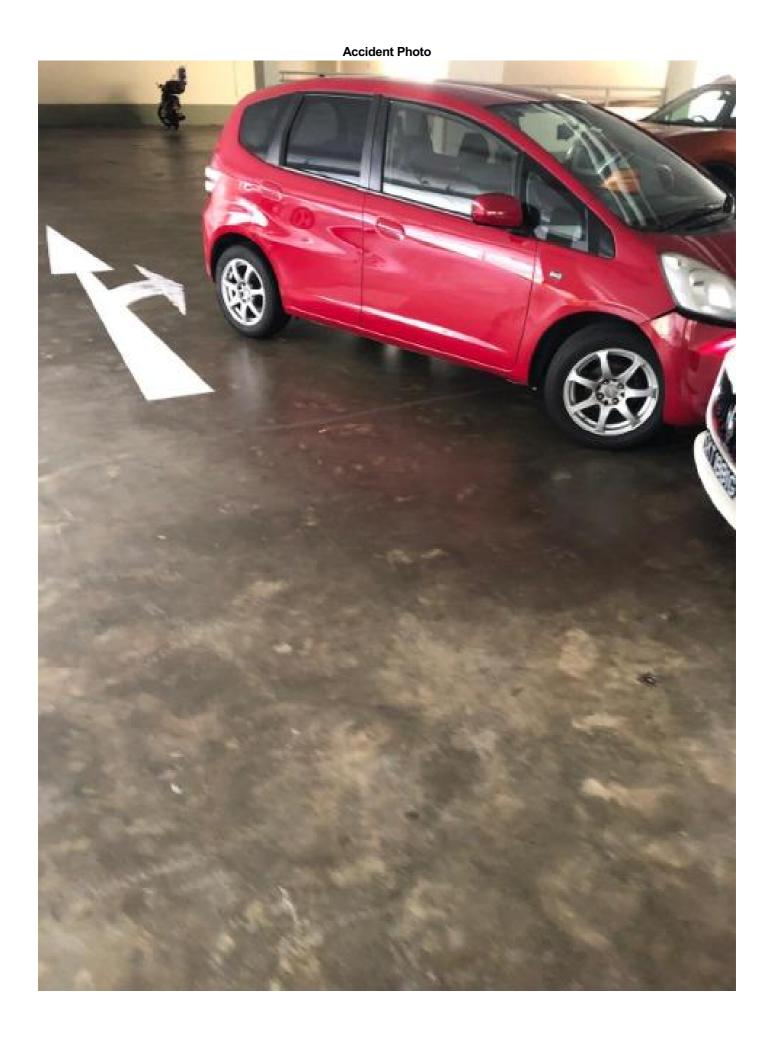


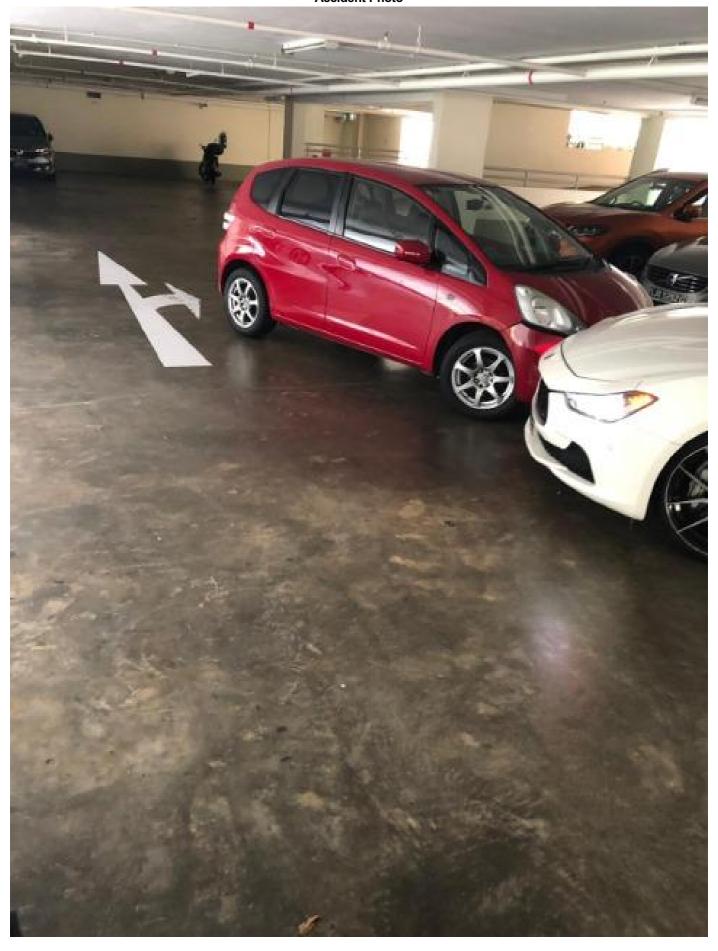


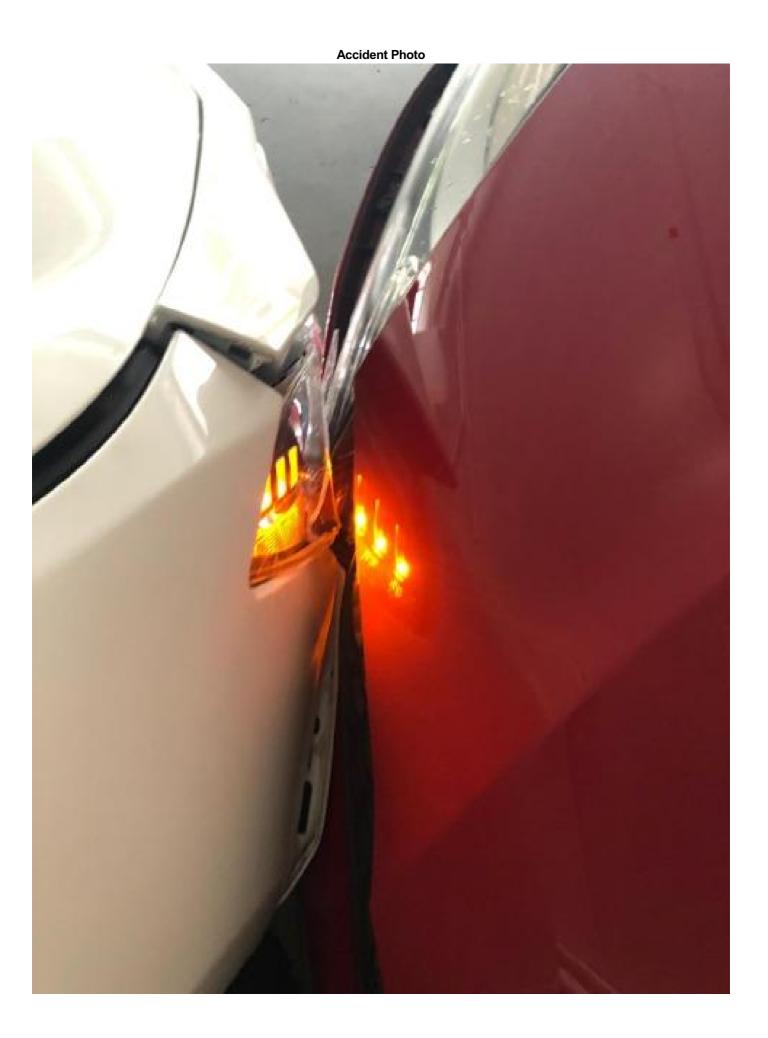




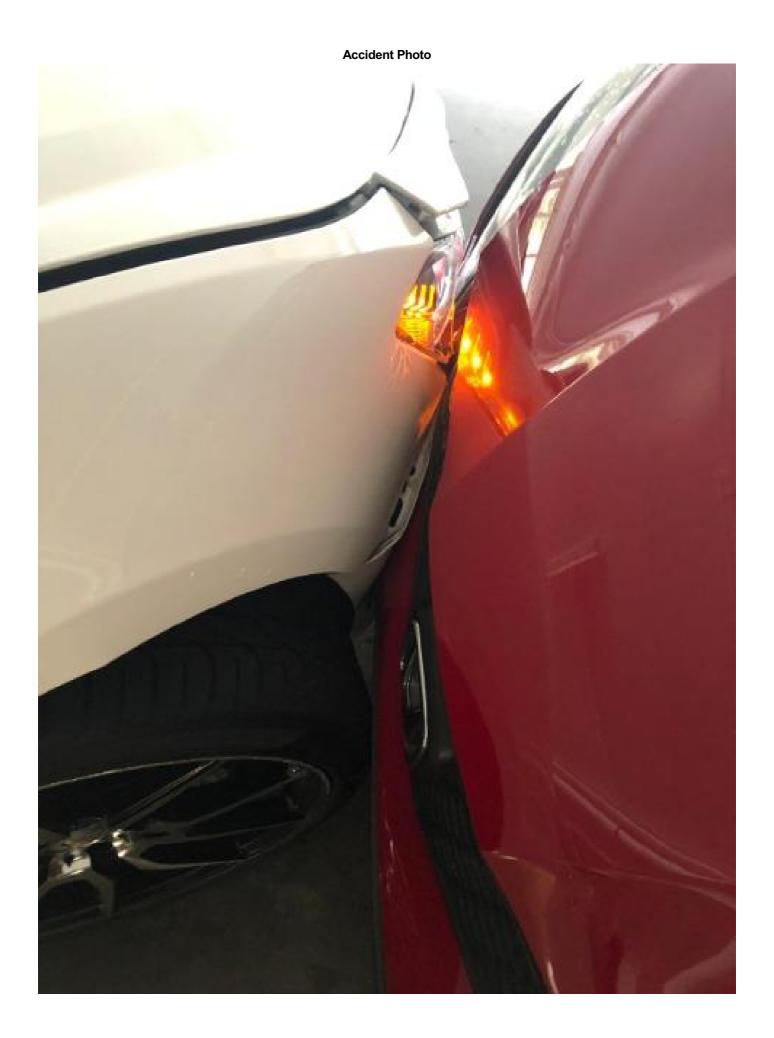




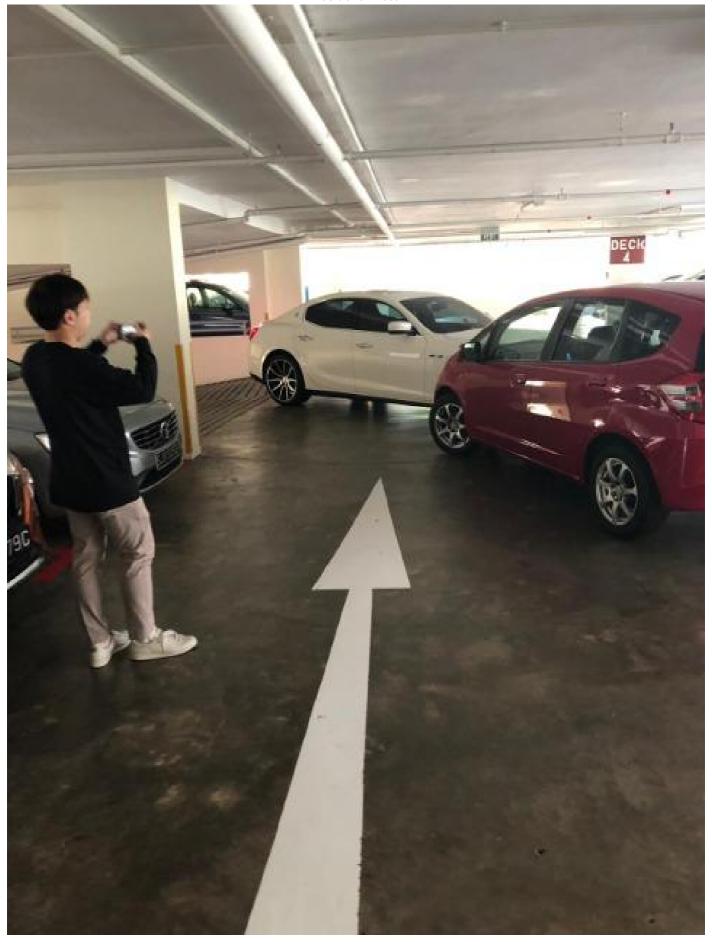




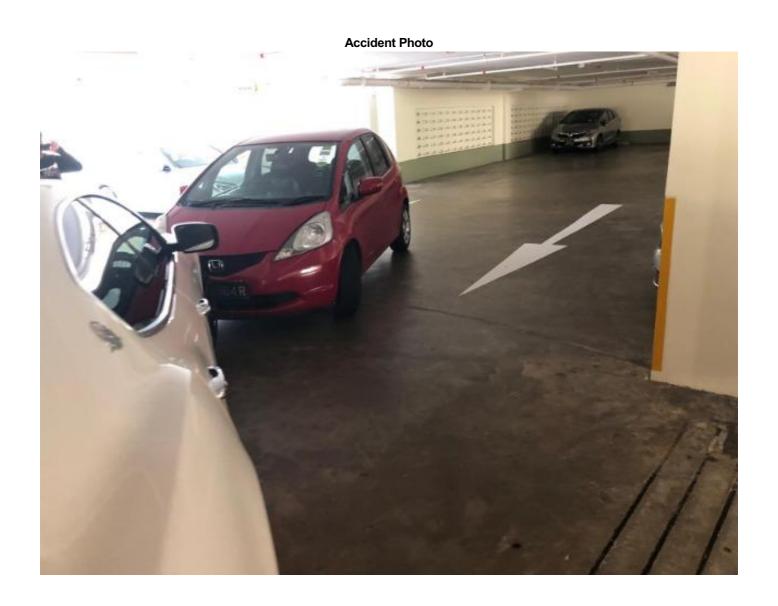




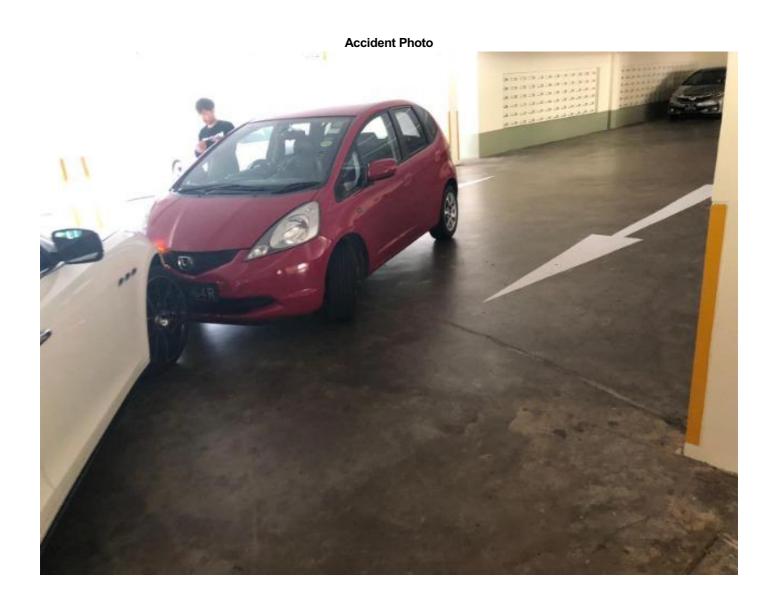


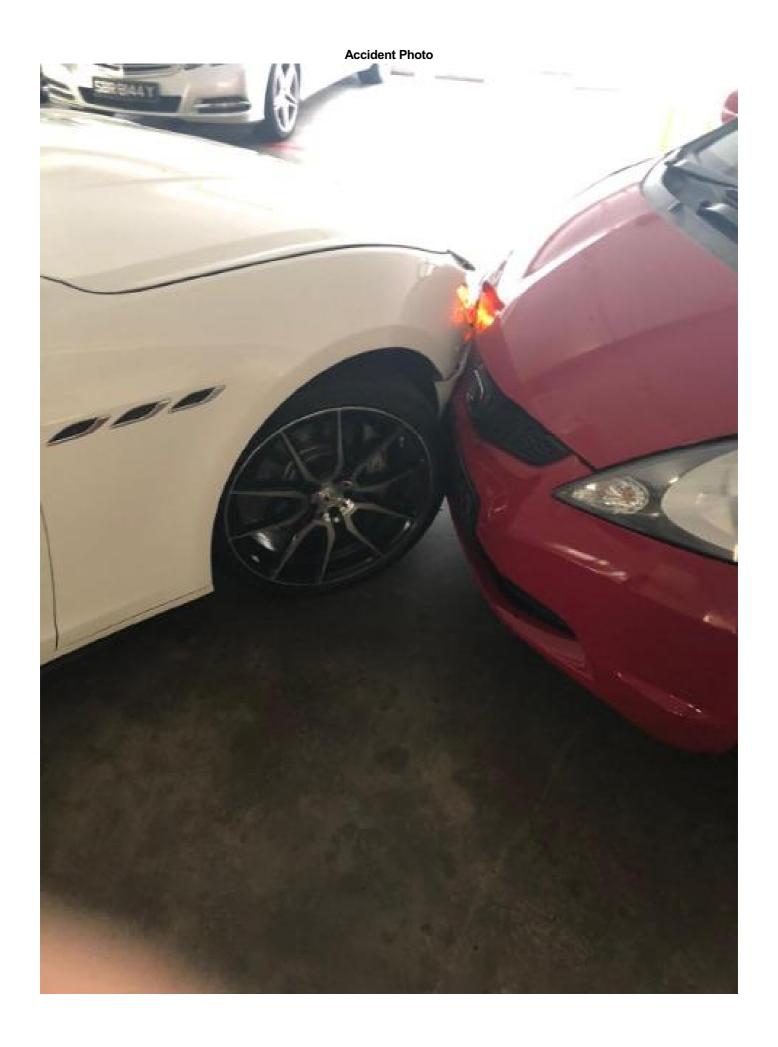




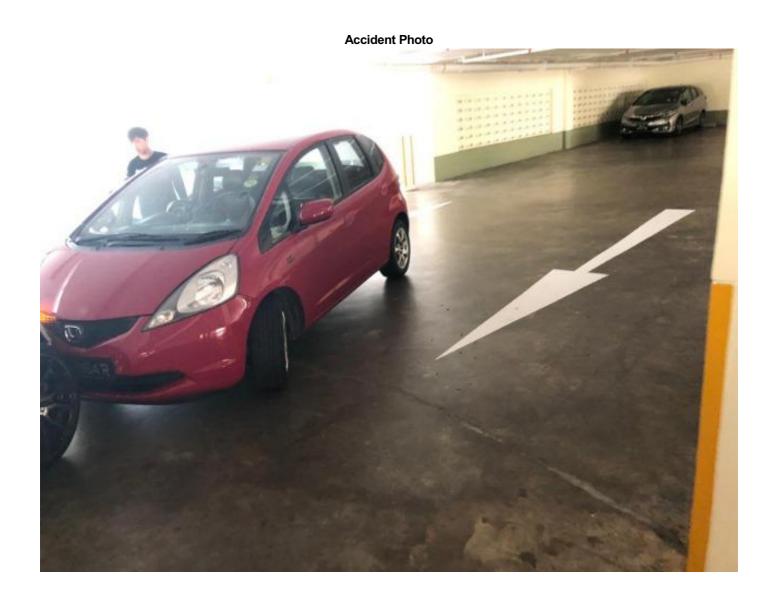












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay \$18-00 Singapore 045550
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours I Monday to Friday, 09:00 - 17:00
UEN: 5663500200 / GST Reg. Neu M400017731

+41,4463/1/ +214+41,411+1

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM	
A)	300 MONTH REPORT (1997) 1997 (
-1	PARTICULARS OF PERSON MAKING THE AMENDMENTS:	+
	Original Report No : Mus 49028428 Vehicle Registration No: SKT 18817	1
	Name (as shown in NAIC): TOU SOULD, LYNN (ZINU SUGAL) RIC/FIN/Passport No: 57931991]	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	
	Address : Blh 269 Tale Guan Road #09-83 Singapore(6007	16
	Contact (Tel) :Mobile No.:917796 /	
	Emall Address : Lyvin_tok@yahw-com.Sx	
	Date of Accident : 0108/200 Time of Accident : 15:45	
	Place of Accident :	_
	Insurance Company: CHIMA TOPPING.	
	Change to 3rd porty dains. Thanks.	_
		_
		_
		_
	man / w	
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Rolft World APP	
	Date: 1, 000 20(x)	