SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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	08/03/2019 14:26				
Date Of Accident	27/02/2019 22:20				
Exact Location Of Accident	BLK 477 TAMPINES ST 43 CARPARK				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SKR7426J				
Insured/Policyholder					
Name Of Registered Owner	MR KOK CHEE KEEN (GUO ZIJIAN)				
NRIC No	S7630520Z				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-97489840				
Alternative Phone No	OFFICE-97489840				
Vehicle Particulars					
Manufacturer	HONDA				
Model	STREAM 1.8 RSZ A				
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	DMPCSN1806281800				
Cover Note Number					
Driver					
Name of Driver	KOK CHEE KEEN (GUO ZIJIAN)				
NRIC No	S7630520Z				

27/09/1976

09/03/2011

7 YEARS AND 11 MONTHS

(LOCAL) +65-97489840

OFFICE-97489840

NOEMAIL

INDOOR

MALE

Address BLK 440 TAMPINES STREET 43

#09-187

Postcode 520440

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH6890S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

Accident Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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/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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

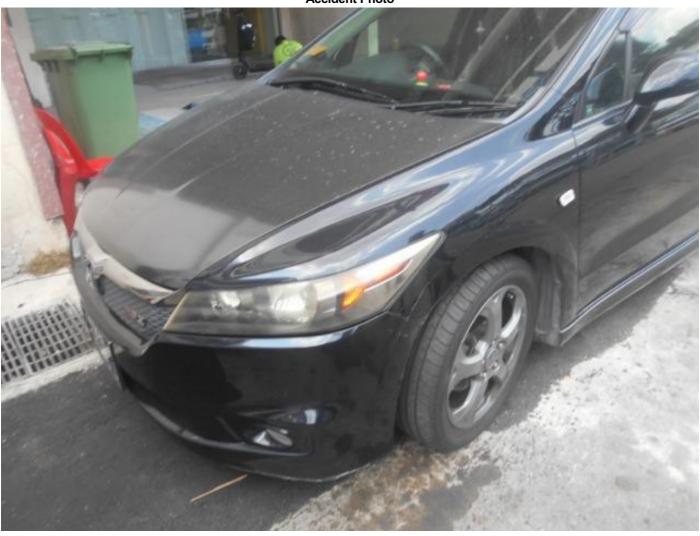
Accident Sketch Plan

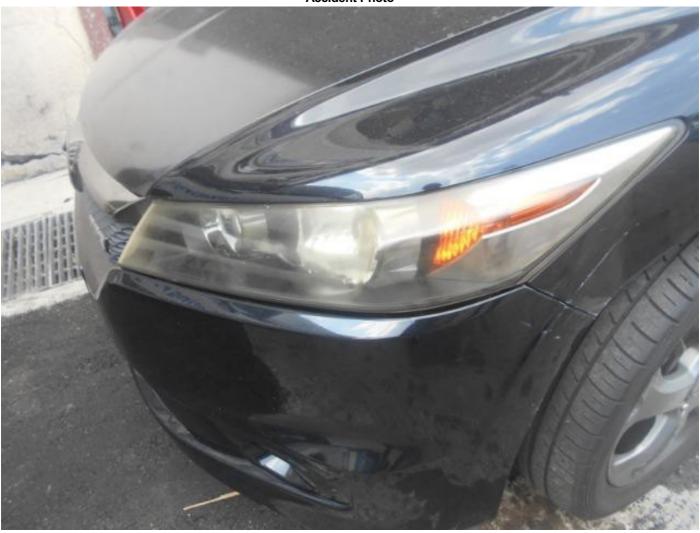
CETCH PLAN	
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	Blk 427 Tumpiers 4 +3 Corpart. 12: 6154 68 905
	Paucet A
	E V ROUNCED
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	TA
SCRIBE CIRCUMSTAI	NCES OF THE ACCIDENT
CONTRACTOR OF THE PROPERTY OF	158.827215734 MEMSSIR 1250MG
reder to st.	afe ment.
CLARATION	
	particulars are true in every respect.
	particulars are true in every respect.
	particulars are true in every respect.
CLARATION Ve declare the foregoing licyholder's Signature te & Time:	particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

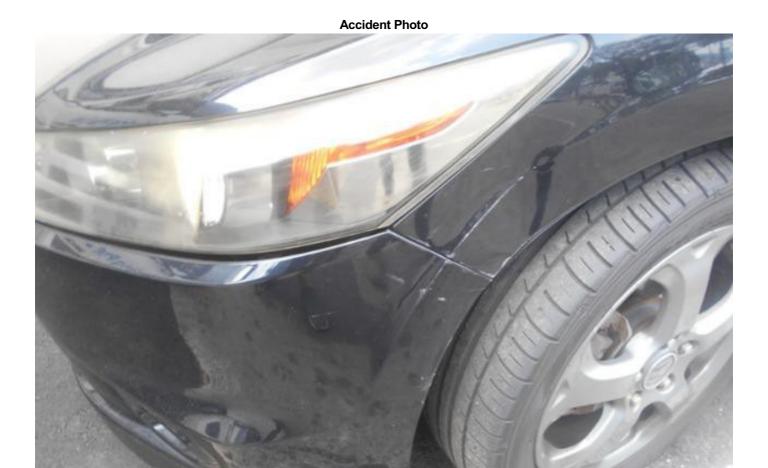
Accident Sketch Plan

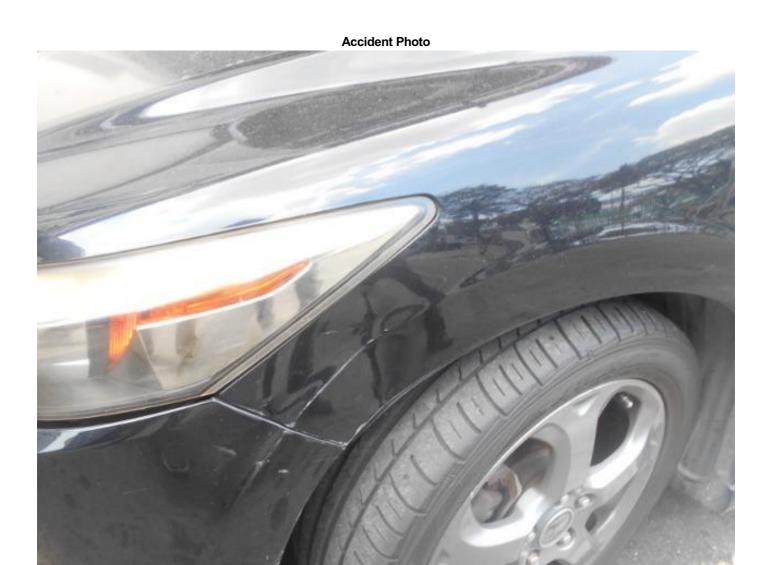
ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ON THE PARKING LOT. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.



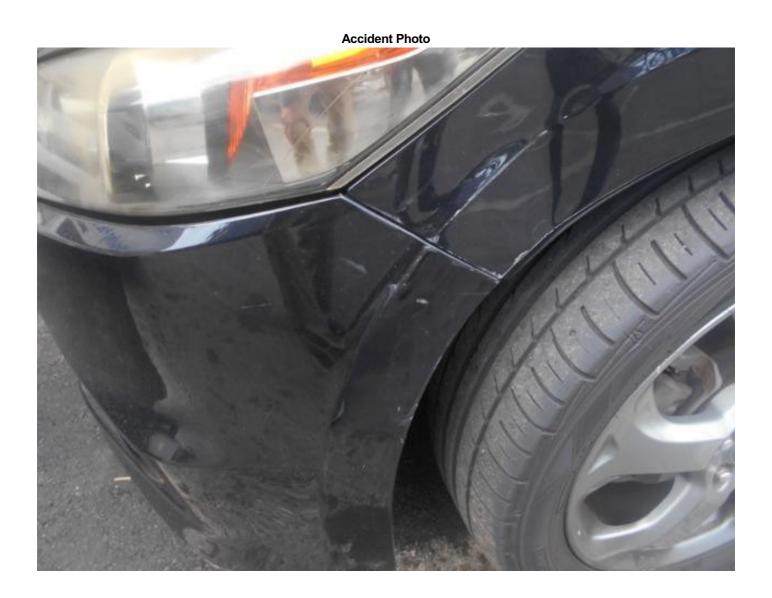




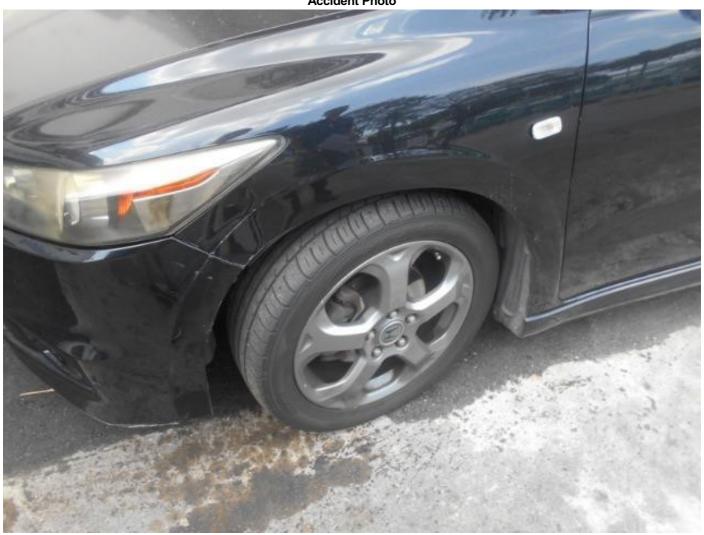
















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09-00 – 17-00
UEN: 566500200 / GST Reg. No.: M400017735

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

riginal Report No ame(as shown in NRIC) Vehicle Briver / Ve ddress ontact (Tel) mail Address ate of Accident ace of Accident	KOK CHEE KEEN (GUO hicle Owner) (*) Please dele BLK 440 TAMPINES STI	Vehicle Registration No ZIJIAN) NRIC/FIN/Passport No te as appropriate	S7630520Z Singapore(520440
ame(as shownin NRIC) Vehicle Briver / V	KOK CHEE KEEN (GUO hicle Owner) (*) Please dele BLK 440 TAMPINES STI	ZIJIAN) NRIC/FIN/Passport No te as appropriate REET 43 #09-187 Mobile No.: 9748984	: S7630520Z Singapore(520440
ddress ontact (Tel) mail Address ate of Accident ace of Accident	hicle Owner) (*) Please dele	te as appropriate REET 43 #09-187 Mobile No. : 9748984	Singapore(520440
ddress ontact (Tel) mail Address ate of Accident ace of Accident	hicle Owner) (*) Please dele	te as appropriate REET 43 #09-187 Mobile No. : 9748984	Singapore(520440
ontact (Tel) mail Address ate of Accident ace of Accident	t	Mobile No. : 97489840	
mail Address ate of Accident ace of Accident	t)
ate of Accident	t		
ace of Accident	27/02/2019		
		Time of Accident : 22:	20
	BLK 477 TAMPINES ST	43 CARPARK	
surance Company	China Taiping Insurance	Singapore) Pte. Ltd.	
mend name of dr	vei		
	s Signature	Reporting Centre Per Name:	sonnel's Signature
		icyholder / Driver's Signature e;	