Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 19/03/2019 17:54

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	19/03/2019 15:23
Date Of Accident	17/03/2019 16:00
Exact Location Of Accident	TRAFFIC LIGHT AT BUKIT BATOK WEST AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6247R
Insured/Policyholder	
Name Of Registered Owner	HOME WORKZ
Co Reg No	53083670W
Email Address	CELINA.NG@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91194465
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	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	DMCVSN3009291901
Cover Note Number	
Driver	
Name of Driver	NG SEOW HOON
NRIC No	S1615366D
Date Of Birth	19/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1983
Driving Experience	35 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91194465
Fax Number	
Contact Number	
EMail Address	CELINA.NG@HOTMAIL.COM

Address	20 KISMIS AVENUE
Postcode	598197
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 TO REAR
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

PLEASE REFER TO SKETCH PLAN.

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	SLT8996B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KOK SIONG
NRIC/Passport Number	S7371582B
Contact Number	96884766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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) 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:

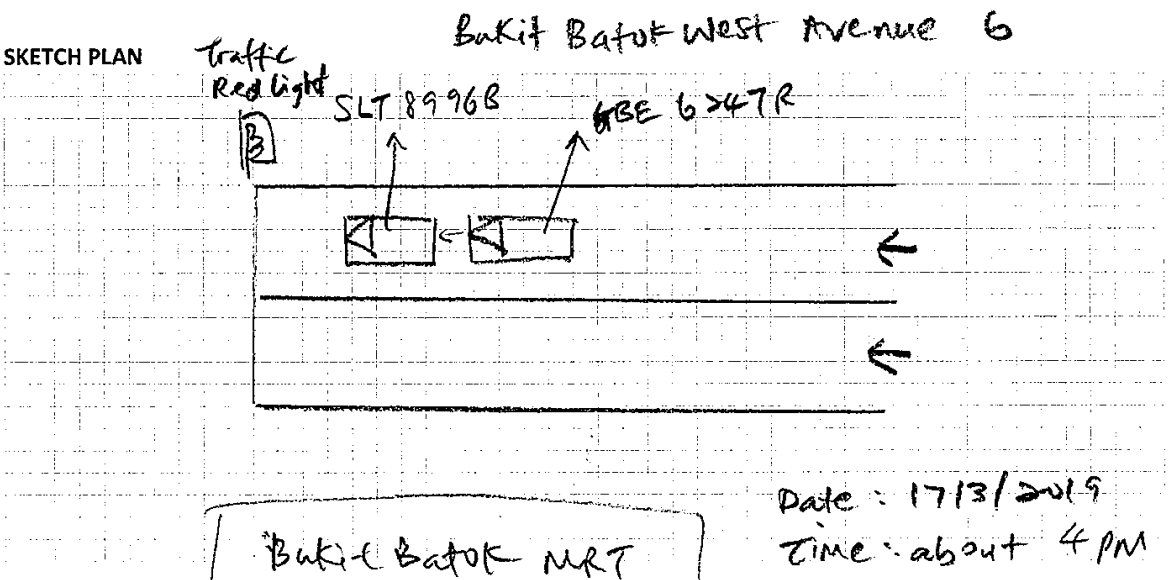
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

HOME WORKZ
BLK 129 #06-366
BUKIT BATOK WESTLAVE 6
SINGAPORE 650129
HP: 9119 4485

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 19 MAR 2019 15:23hrs	(If driver is not the policyholder)	Name:
	Date & Time: 19 MAR 2019 15:23hrs	NRIC/FIN No.: Poh Kwee Chee S6840083A

SKETCH PLAN



Date : 17/3/2019
Time : about 4PM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on 17/3/2019 about 4pm.
I was driving along Bukit Batok west Avenue 6 until the traffic light turned Red light. Baft vehicles was Stationery.
I have already braked and stopped my vehicle GBE 6247R and somehow my vehicle slipe forward and knocked onto the front vehicle SLT8996B behind lower portion. bumper
The impact of the vehicle SLT8996B behind lower portion slightly give way.
we both wanted to settle privately and I want to settle with him but his workshop quoted the repair cost about $1200.
That why until today, I came to file the reporting.

DECLARATION

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

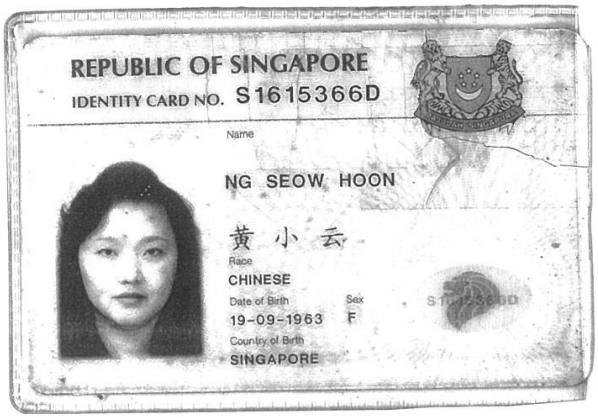
HOME WORKZ
BLK 129 #06-366
BUKIT BATOK WEST AVE 6
SINGAPORE 650129
HP: 9119 4485

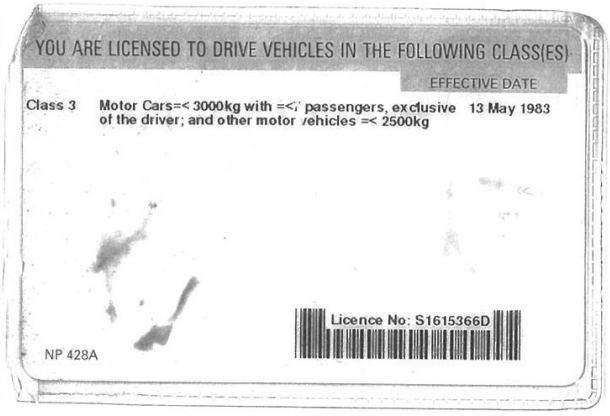
Policyholder's Signature
Date & Time: 19 MAR 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19 MAR 2019

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6340583A

DRIVER'S NRIC + DRIVING LICENCE Pg. 1





Accident Photo

Accident Photo

Accident Photo

CHASSIS NUMBER