

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	05/04/2019 11:57
Date Of Accident	03/04/2019 21:30
Exact Location Of Accident	TAMPINES AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3343X
Insured/Policyholder	
Name Of Registered Owner	CHOE YEW HENG
NRIC No	S1422550A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97391864
Alternative Phone No	OFFICE-97391864

Vehicle Particulars

Manufacturer	AUDI
Model	A3 1.8T CABRIOLET FSI AT ABS D/AB TC HID
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	DMPCSN3020971900
Cover Note Number	

Driver

Name of Driver	CHOE JING YEE, JUN
NRIC No	S9621500B
Date Of Birth	14/06/1996
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96779752
Fax Number	
Contact Number	OFFICE-96779752
EEmail Address	NOEMAIL

Address	27 PAYA LEBAR ROAD #07-05
Postcode	409042
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : RANDOLPH KOH YONG LEE GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH7771R
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KWANG BOON
NRIC/Passport Number	
Contact Number	93890894
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHOE JING YEE, JUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX3343X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	RANDOLPH KOH YONG LEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX3343X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 sums 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 Purpose(s) 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 situated 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.

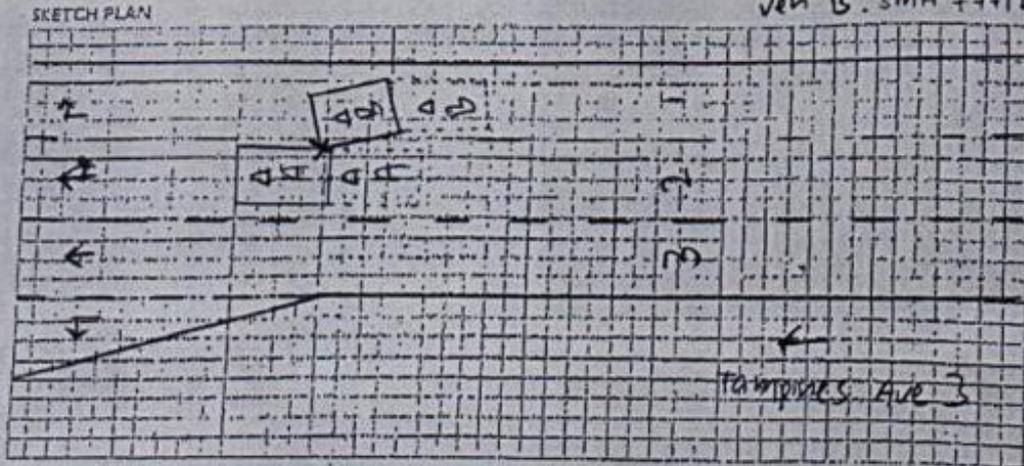
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

Accident Sketch Plan

veh A: SJX 3343X
veh B: SMH 7771R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date: 03/04/19 Time: 930pm,
I was driving my car (veh A: SJX 3343X) on lane 2 along
Tampines Ave 3. Suddenly, I felt an impact from my rear and
realised a car (veh B: SMH 7771R) had changed lane from lane 1
to lane 2 and collided onto my right rear portion of my car.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

NOTICE OF REPORTING

This is to confirm that CHOE JING YEE, JUN NRIC/FIN S9621500B, has reported to the Police a non-injury traffic accident which occurred at

Along Tampines Ave 9

on 03/04/2019 at 2130hrs involving the following vehicles:

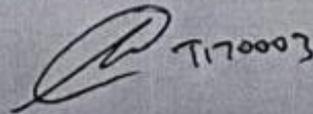
- 1) **SJX3343X (Complainant)**
- 2) **SMH7771 (Defendant)**

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T170003 Nicholas Lee Nam Aik

Date: 04/04/2019

Time: 0245hrs



S/D Ref: 08

Police Post/Unit : Toa Payoh NPC

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
93 TOA PAYOH CENTRAL #01-02
TOA PAYOH CENTRAL COMMUNITY CLUB
SINGAPORE 319194

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

