SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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	12/04/2019 10:44
Date Of Accident	11/04/2019 16:25
Exact Location Of Accident	BUYONG RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCZ828G
Insured/Policyholder	
Name Of Registered Owner	TAN BAN CHUAN
NRIC No	S1548586H
Email Address	WILSONTSG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96909062
Alternative Phone No	OTHERS-96909062
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 (R18)-2.0 (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	DMPCSN3042141804
Cover Note Number	16/09/2018 - 15/09/2019
Driver	
Name of Driver	TAN BAN CHUAN
NRIC No	S1548586H
Date Of Birth	22/06/1961
Occupation	INDOOR
Date Of Driving Pass	03/10/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96909062
Fax Number	

OTHERS-96909062

WILSONTSG@YAHOO.COM.SG

Address 25 KOVAN RD #12-24

Postcode 545024

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 AFTER RAIN

Road Surface DAMP

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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

MOTOR TAXI SHB2352R SUDDEN E-BRAKE INFRONT, AS SUCH I FOLLOW TOO BUT COULDN'T IN TIME AND THUS HIT ONTO THE REAR OF SHB2352R, 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

2

Vehicle Registration Number SHB2352R
Vehicle Make/Model/Colour CITYCAB

Details Of Properties

Vehicle Category TAXI

Name of Driver ONG CHENG POH

NRIC/Passport Number S0179095A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Passenger 1 NAME: : CHINESE PASSENGER

GENDER: : MALE

SKETCH PLAN

VEHICLE NO.: SC7 8286 INSURER : Ching DATE & TIME: 11104 2019 (0) 1625

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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 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.

Rolicyholder's Signature Date & Time:

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

NRIC/FIN No.:

GLARMC SketchPlanForm_V3

Sketch Plan #2

SKETCH PLAN		
Concorde Hotel	A TO DO	A: SCZ 8286 (alone) B:SHB2352R Ong Cheng Pon Soir 29095 Ú:I Chinese mai
DESCRIBE CIRCUMSTANCES O	E THE ACCIDENT	
	4/2019 (2) 1625 (91 2352R Sudden e-brake in time and thus h	ter rain I damp). e infront, as Such i follow it onto the rear of SHE 2352R
		ame for you to submit an Own Damage Claim h your policy for more information.



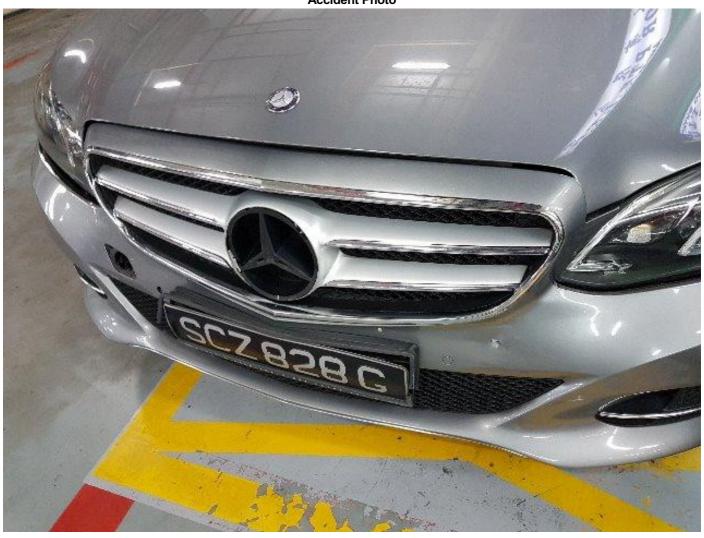


Accident Photo



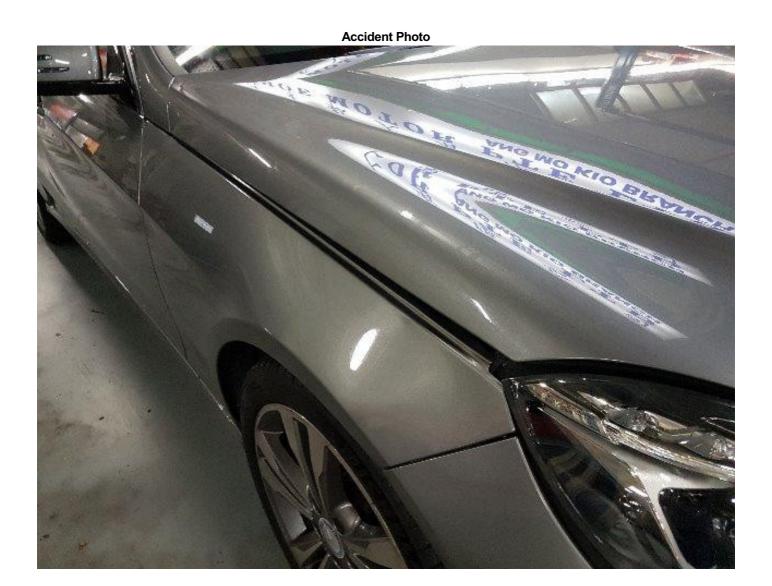


Accident Photo



Accident Photo





SCENE PHOTO



SCENE PHOTO

