

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	11/04/2019 18:03
Date Of Accident	11/04/2019 07:25
Exact Location Of Accident	ALONG PIE GOING TOWARDS AMK (OPP SP GROUP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1245T
Insured/Policyholder	
Name Of Registered Owner	CHOW BOON HWEE
NRIC No	S7914405C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91462569
Alternative Phone No	OFFICE-91462569

Vehicle Particulars

Manufacturer	TOYOTA
Model	-

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3025981902
Cover Note Number	

Driver

Name of Driver	CHOW BOON HWEE
NRIC No	S7914405C
Date Of Birth	15/05/1979
Occupation	INDOOR
Date Of Driving Pass	22/03/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-91462569
Fax Number	
Contact Number	OFFICE-91462569
Email Address	NOEMAIL

Address	-
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 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?	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

refer attached report.

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	SHB5334Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO BENG KENG
NRIC/Passport Number	S6815879F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

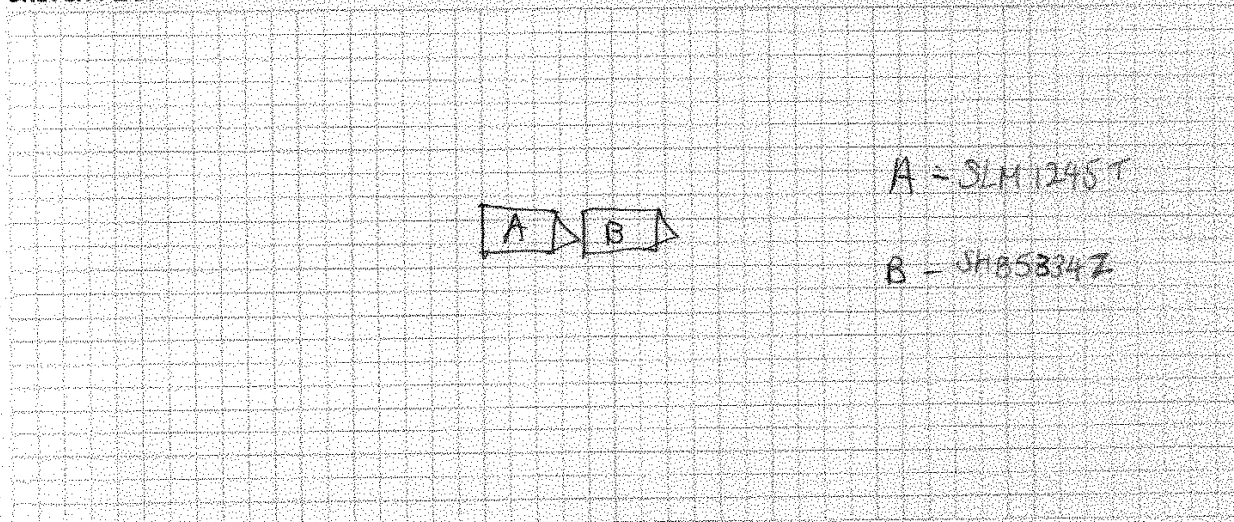
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON ~~THE~~ 11TH APRIL '19, AT 0735 AM,

~~BE~~ I WAS DRIVING ^{IN} ~~ALONG~~ THE GOING TOWARDS AMIC EXIT ^{ALONG} ~~OF~~ LANE 1 OF THE EXPRESSWAY WHEN SUDDENLY ~~A~~ THE TAXI IN FRONT OF ME JAMMED BRACE. I IMMEDIATELY QUICKLY STEPPED ON MY CAR BRAKE BUT COULDN'T AVOID HITTING THE TAXI IN FRONT. I THEN WENT DOWN TO CHECK ON THE ^{TAXI} DRIVER WHETHER HE WAS FINE. HE TOLD ME HE NEARLY HIT THE CAR IN FRONT OF HIM (AROUND 5 FT AWAY) TOO. HE HAD 2 PASSENGERS SITTING IN THE REAR SEATS ~~AND~~ ^{BOTH} AT THE TIME AND ^{BOTH} WERE FINE. WE LATER EXCHANGED PARTICULARS AND MOVED OFF FROM LANE 1 ^{AFTER} ~~AROUND~~ TEN MINUTES.

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 Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3 Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7914405C




Name
CHOW BOON HWEE
(ZHOU WENHUI)
周文挥

Race
CHINESE

Date of birth 15-05-1979 Sex M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7914405C

Name
CHOW BOON HWEE
(ZHOU WENHUI)

Birth Date 15 May 1979

Issue Date 22 Mar 2004

001172353G1

4456716



NRIC No. S7914405C



Date of Issue
08-09-2009

12 LORONG SARINA #04-08
SINGAPORE 416736

NRIC No. S7914405C Date 27/12/2016


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

22 Mar 2004

NP 428A

License No. S7914405C



Accident Photo



Accident Photo



Accident Photo



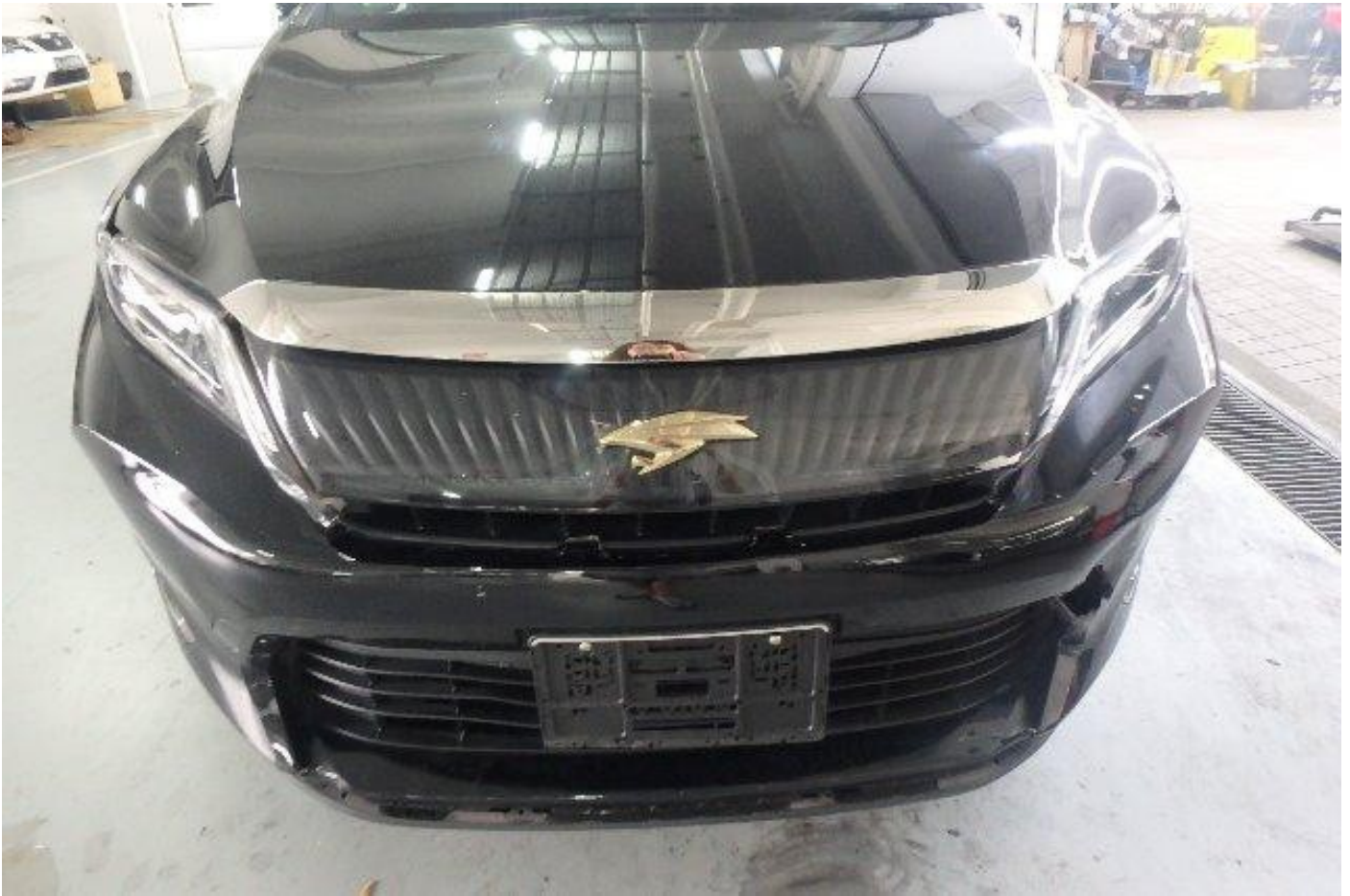
Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet Pg. 1



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: S66500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSNH 1904 7519 Vehicle Registration No: S2M1245T
 Name (as shown in NRIC) : Chow Boon Hwee NRIC/FIN/Passport No : S7914405C
 (*Vehicle Driver / (Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore (_____)
 Contact (Tel) : _____ Mobile No. : 9146 2569
 Email Address : _____
 Date of Accident : 11/4/19 Time of Accident : 0725 hrs
 Place of Accident : along PIE going towards Amk
 Insurance Company : Chun's

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

removed 1st photo only (wrong driver's).

Policyholder / Driver's Signature
 Date: 11/4/19

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 11/4/19