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	06/05/2019 19:06
Date Of Accident	05/05/2019 17:10
Exact Location Of Accident	LOR 6 TOA PAYOH NEAR TOA PAYOH SWIMMING COMPLEX
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH6916Y
Insured/Policyholder	
Name Of Registered Owner	LEE WEI CHUEN
NRIC No	S8460530A
Email Address	ARIESSULY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96822619
Alternative Phone No	OTHERS-96822619
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	REPORTING ONLY
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	DMPCSN3028041900
Cover Note Number	
Driver	
Name of Driver	LEE WEI CHUEN
NRIC No	S8460530A
Date Of Birth	14/04/1984
Occupation	INDOOR
Date Of Driving Pass	29/09/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96822619
Fax Number	
Contact Number	OTHERS-96822619
EMail Address	ARIESSULY@YAHOO.COM.SG

Address	BLK 117 BEDOK NORTH ROAD #05-227
Postcode	460117
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

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	SLK8364Y
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VAN ZONNEVELD SYLVIA
NRIC/Passport Number	G3471922K
Contact Number	92414201
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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**.
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. 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.
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:

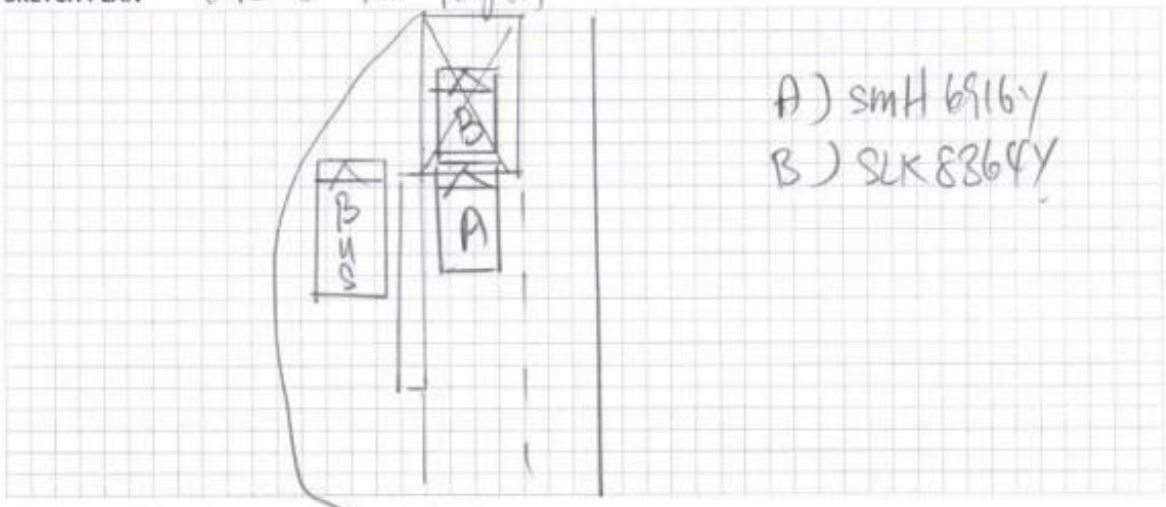
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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:	06/05/2009 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN LOR 6 Toa Payoh



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

POB REFER TO POLICE REPORT T/20190505/2084

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.:

06/05/2019 10:03

SINGAPORE POLICE FORCE

T/20190505/2084

Report No. T/20190505/2084

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/05/2019 18:28		53

Informant's Particulars

Name of Informant: LEE WEI CHUEN			Address: APT BLK 117 BEDOK NORTH ROAD #05-227 SINGAPORE 460117	
ID Type / ID No.: NRIC NO / S8460530A			Contact No.: Home/Office:	Mobile: 96822619
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 35	Date of Birth: 14/04/1984	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Baker (general)			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Drink Drive:	Date/Time of Accident:	Type of Location:
Non-Injury Others	No	05/05/2019 17:10	Straight Road

Location:
Along Road 1
LORONG 6 TOA PAYOH

Nearest to bus stop at Toa Payoh Swimming Complex.

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK8364Y	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	Grey	No Damage	1
SMH6916Y	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20190505/2084

Report No. T/20190505/2084

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH6916Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3028041900	16/04/2019	15/04/2020

Brief Details.

Earlier today, 05/05/19, at about 1710hrs, I was driving on the first lane along Toa Payoh Lorong 6 behind a green Audi (SLK8364Y) when all of a sudden he stopped in the yellow box. I pressed my brake however I could not stop in time and my vehicle front bumper hit the above said vehicle's rear bumper slightly. I came out to make a check and discovered that my front number plate and bonnet was slightly dented. The green Audi did not have any damages. I spoke to the driver of the said vehicle and he informed me that he stopped in the yellow box to allow a bus to cut into his lane. No one was injured or conveyed to the hospital. I am reporting this for insurance purposes.

SINGAPORE POLICE FORCE

T/20190505/2084

Report No. T/20190505/2084

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE 330072
Tel No: 1800-2969999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 2 MUHAMMAD JANNATUN NA'IM BIN AZUWAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2019 18:28
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Identification Card