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 <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	11/06/2019 09:32	
Date Of Accident	10/06/2019 10:45	
Exact Location Of Accident	TRAFFIC JUNC BETWEEN BUKIT PANJANG RD & PENDING RD	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD2223J	
Insured/Policyholder		
Name Of Registered Owner	MR LIM BENG HWEE(LIN MINGHUI)	
NRIC No	S7528325C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97710808	
Alternative Phone No	OTHERS-97710808	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E300	
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	DMPCSN3028541904	
Cover Note Number		
Driver		
Name of Driver	MR LIM BENG HWEE(LIN MINGHUI)	
NRIC No	S7528325C	

NRIC No S7528325C

Date Of Birth 23/09/1975

Occupation OUTDOOR

Date Of Driving Pass 15/03/2000

Driving Experience 19 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97710808

Fax Number

Contact Number OTHERS-97710808

EMail Address NOEMAIL

Address 17 PUNGGOL FIELD WALK

#13-08

Postcode 828747

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

-

2

NO

NO

1

NO

NO

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

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.

deliciting/offering accident claims assistance.

Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

WITH WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGK3557A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SUGITOH BIN NGATIJO

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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)
 - 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.
- 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:
 - 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.:

Individual Statement

SKETCH PLAN			(m)
			(4) 2KD 755 3.
←	pending Road.	>	(B) SGL 3557A
DESCRIBE CIRCUMSTANCE	AITIT BIP VIVIVIES OF THE ACCIDENT	V Bukit Panjar	
Road in 3rd lane troffic light on rea for the troffic impact from hel	from the right. Upon read I in my favorum so is light turn green in my favorum and cond i realized that	hing the traffic tow down & s rour. Suddent Veh. B (SGK)	junction ahad top to writing ; lett an (557A) did nut
deliges. My co provide accident	collided onto rear portion to claim agent lets B whos installed car comes video fortige for my accompany accompany will go to see a	is Insurance for re recorder an eldent claim p	d i wally to
Sales	The song of see	ductur.	
We declare the foregoing pan	ticulars are true in every respect.	Lynn	11/06/19
Policyhold Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Per Name: NRIC/FIN No.:	















Identification Card



