

## 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	03/07/2019 13:43
Date Of Accident	19/05/2019 19:30
Exact Location Of Accident	EAST COAST LAGOON RD CENTRE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1464L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO MEI FOONG KAREN
NRIC No	S1706775C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98794885
Alternative Phone No	OFFICE-98794885

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	-
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	DMPCSN3065411801
Cover Note Number	

### Driver

Name of Driver	TEO MEI FOONG KAREN
NRIC No	S1706775C
Date Of Birth	19/09/1965
Occupation	INDOOR
Date Of Driving Pass	09/01/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98794885
Fax Number	
Contact Number	OFFICE-98794885
Email Address	NOEMAIL

Address	40D LORONG H TELOK KURAU
Postcode	426031
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	SIDE SWIPE
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?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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	SLQ1415Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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 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:

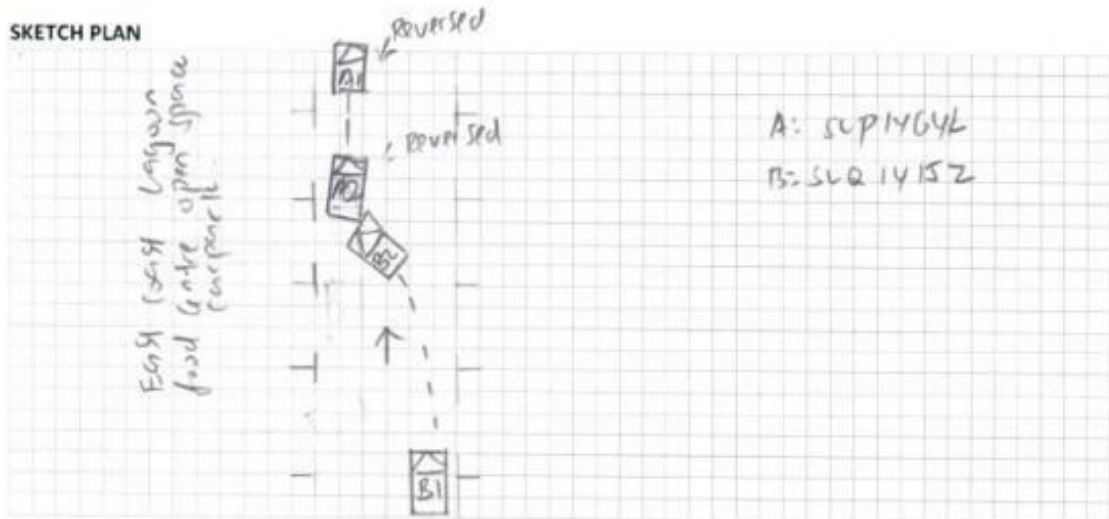
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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### 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.:

### Accident Sketch Plan

ON SATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS WAITING FOR AN EMPTY CARPARK LOT. VEHICLE B WAS OPPOSITE SIDE OF CARPARK LOT. ABOUT 20 MINUITES LATER, THERE WAS A CAR COMING OUT FROM THE CARPARK LOT, I MOVED MY VEHICLE FORWARD TO LET HIM EXIT FROM THE CARPARK LOT. AFTER HE EXITED FROM THE CARPARK LOT, I CHECK MY BLINDSPOT AND REVERSED MY VEHICLE INTO AN EMPTY CARPARK LOT, WHILE I WAS REVERSING, SUDDENLY VEHICLE B HE WANTED TO TAKE THE CARPARK LOT THAT I'M ENTITLED TO. I WAS THERE AT THE CARPARK LOT BEFORE VEHICLE B CAME TO WAIT AT THE OPPOSITE SIDE. AFTER AN IMPACT, WE DISCUSS AND CHECK BOTH OF OUR CAR DAMAGES BUT THE WASN'T ANY MAJOR DAMAGED JUST A SLIGHT SCRATCHES ON BOTH OF OUR VEHICLES. DRIVER OF VEHICLE B TOLD US THAT IT IS OKAY BECAUSE THE SCRATCHES ARE MINOR. ON YESTERDAY, I RECEIVED A CALL FROM HIS CAR REPAIR WORKSHOP TELLING ME THAT THE DRIVER HAS LEFT THE CAR WITH THEM FOR REPAIR WORKS AND INSTRUCTED THEM TO CALL ME. A LADY FROM CAR REPAIR WORKSHOP TOLD ME THAT THE DAMAGES INVOLVED AMOUNT WAS \$1000.00 . THEY HAVE TO REPAIR A DENT AND SPRAY THE BONNET.



Accident Photo



**Accident Photo**





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo

