MNA119105999 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 14/08/2019 10:02 SUBMITTED BY: Liew Shan Hui

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
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.

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	ACCIDENT STATEMENT	
Date Of Report	14/08/2019 10:02	
Date Of Accident	12/08/2019 13:20	
Exact Location Of Accident	OPEN CARPARK ALONG BANDA ST/ SAGO LANE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL4555J	
Insured/Policyholder		
Name Of Registered Owner	HO KIAN WAH	
NRIC No	S1594314I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93861674	
Alternative Phone No	OFFICE-93861674	
Vehicle Particulars		
Manufacturer	BMW	
Model	5201	
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	DMPCSN3036721902	
Cover Note Number		
Driver		
Name of Driver	HO JUN XIAN	
NRIC No	S8927242D	
Date Of Birth	20/08/1989	
Occupation	INDOOR	
Date Of Driving Pass	13/07/2010	
Driving Experience	9 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-84984950	

NOEMAIL

Address BLK 889D WOODLANDS DR 50 #14-261

Postcode 734889

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 0

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

PLEASE 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

GW7480Y

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Botano Ot i Toportio

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

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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- 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 :
 - 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:
 - 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)

Dote & Time:

Reporting Certise Personnel's Signature

NRIC/FIN No.

Accident Sketch Plan

ETCH PLAN		
- 11		
	-	(A) SLL4555]
		(B) GUZABY
NO.	R	(B) GW7460Y.
Na D	open a	or parks areas along.
	Banka	street / Sago Lone aff
	4	street.
ESCRIBE CIRCUMSTANCES C	NE THE ACCIDENT	
Control of the Contro		parked my car (SLL455)
n 12/08/0019 at	as of Banda Street/	Say, Lane off Street and
best to having my	lunch. At about 13:23 h	rs I want to the car park
to pickup my con	- and i realized that	alony (GO 7480y) & tail
into we hit anto	my cor know bumper	while larked into the lot.
was waitly the	lorry driver about &	10 th mins but the long is
liver not appear	so 7 hereto loge	this report to claimagainst
Jeh B (GW THOU) is (neuronce for our	accident damages. Of
		y/ exit) to proceed my car
parts entry timen		
1		
ECLARATION		
/We declare the foregoing parti	culars are true in every respect.	
Ale ?	E AR	- fee
Policyholder's Signature	Driver's Signature	Reporting Pentre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Driving License



Diver.

























