

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	14/08/2019 16:47
Date Of Accident	14/08/2019 12:20
Exact Location Of Accident	ALONG ORCHARD ROAD NEAR TAKASHIMAYA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN889G
Insured/Policyholder	
Name Of Registered Owner	TJIA MAN JIN
Passport No/FIN	F2669884R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91993838
Alternative Phone No	OTHERS-91993838

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 300
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	
Cover Note Number	

Driver

Name of Driver	LONING FUDYANTO
NRIC No	S7473771D
Date Of Birth	20/03/1974
Occupation	INDOOR
Date Of Driving Pass	07/11/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96268367
Fax Number	
Contact Number	
Email Address	HELESHOME@GMAIL.COM

Address	985 BUKIT TIMAH ROAD #07-11
Postcode	589627
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	COLLISION - CHANGE/CROSS LANE
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: : TJIA MAN JIN GENDER: : FEMALE
Passenger 2	NAME: : UMI GENDER: : FEMALE

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	GBD4923R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM YEOK CHING
NRIC/Passport Number	S1557331G
Contact Number	
Address	
Postcode	

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

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:

14 AUG 2019

16:47hs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14 AUG 2019

16:47hs

Reporting Centre Personnel's Signature

Name:

Pon Kwee Choo

NRIC/FIN No.: S6840583A

SKETCH PLAN



DECLARATION

Policyholder's Signature

Date & Time: 14 AUG 2019

CLARMC SketchPlatform V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14 AUG 2019

Reporting Centre Personnel's Signature

Name: **Lee Kwee Choo**

NRIC/FIN No.: S6840583A

OWNER'S VISIT PASS + DRIVER'S NRIC + DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE
FIN F2669884R

Name
TJIA MAN JIN

Date of Birth
06-02-1951

Sex
F

Nationality
INDONESIAN



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7473771D

Name
LONING FUDYANTO

Race
CHINESE

Date of birth
20-03-1974

Country of birth
INDONESIA

Sex
F

S7473771D



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7473771D
Name:
LONING FUDYANTO

Birth Date: 20 Mar 1974
Issue Date: 03 Oct 2003



FA1666741

VISIT PASS
Immigration Regulations

FIN F2669884R

MULTIPLE JOURNEY VISA ISSUED

Date of Issue 09-07-2016 Date of Expiry 09-07-2021




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

4163675



NRIC No. S7473771D



Date of issue
18-01-2008


Address
985 BUKIT TIMAH ROAD
#07-11
SINGAPORE 589627

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		07 Nov 1996

NP 428A

Licence No: S7473771D



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

