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	27/08/2019 11:45
Date Of Accident	26/08/2019 18:55
Exact Location Of Accident	BKE TWDS MANDAI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH3475T
Insured/Policyholder	
Name Of Registered Owner	LEE SIN HONG ADRIAN
NRIC No	S8222272C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96919696
Alternative Phone No	OFFICE-96919696
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LEXUS IS250 AUTO STD MR
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	DMPCSN3048181903
Cover Note Number	
Driver	
Name of Driver	LEE SIN HONG, ADRIAN (LI XINHONG,ADRIAN)
NRIC No	S8222272C

 NRIC No
 \$8222272C

 Date Of Birth
 02/08/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 20/11/2009

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96919696

Fax Number

Contact Number OFFICE-96919696

EMail Address NOEMAIL

BLK 136 YISHUN RING ROAD Address

#08-128

Postcode 760136

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

CHAIN COLLISION Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

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

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8729L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJX4136X

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)

DETAILS OF INJURED PERSON 1

Name LEE SIN HONG, ADRIAN (LI XINHONG, ADRIAN)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGH3475T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode LEE SIN HONG, ADRIAN (LI XINHONG, ADRIAN

NO

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)

Lunderstand, 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 insurers) 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 ferms], 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)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN: BKE TWOS MANDA I A - SUFF 34757 B - SHR877544 C - S J X 4134 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

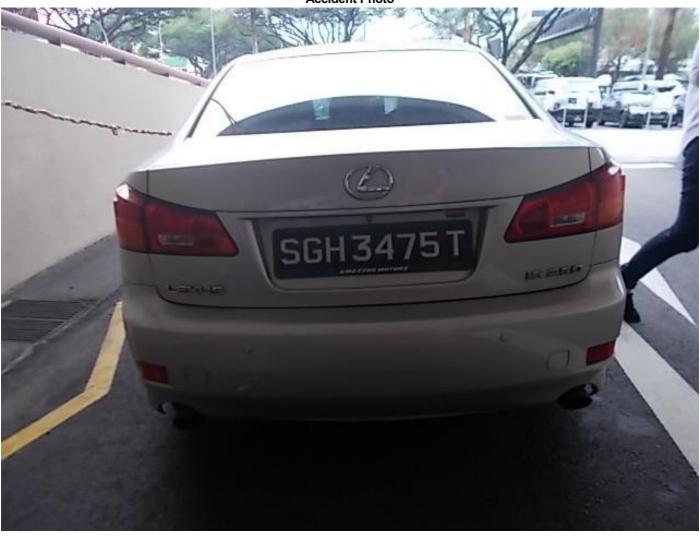
I WAS TRAVELLING ALONG BKE TOWARD MANDAL VEHICLE AHEAD SLOWED DOWN AND STOP, IT SUIT, MOMENT LATER VEH B REAR-ENDED MY VEHICLE.	FOLLOWED

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

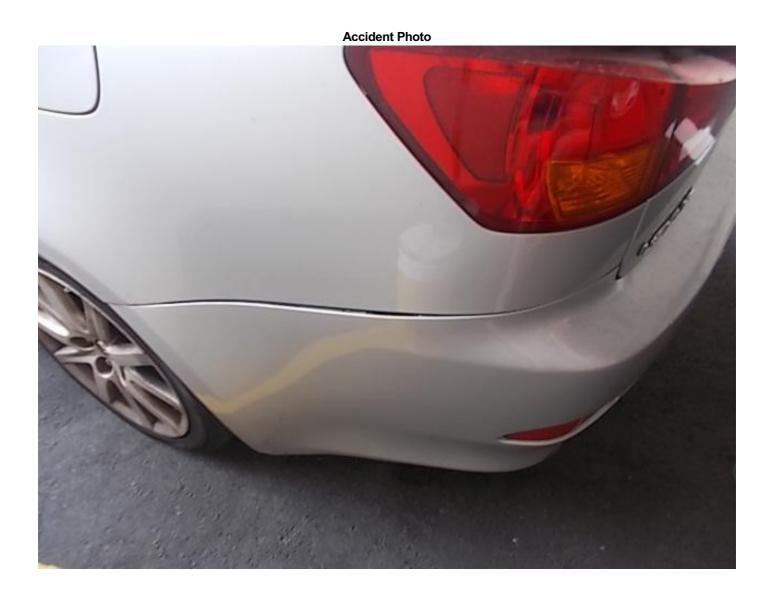
Policyholder's Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC / FIN No.:



















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Ruffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours: Monday to Friday, 09:00 – 17:00
URN: 5645500200 / 667 Reg. No. MANOET725

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENDU	IM	
ų	PARTICULARS OF PER	SON MAKING THE AMENDMENTS	:	
	Original Report No :	MNA119112927	_Vehicle Registration No: _	SGH3475T
	Name(as shown in Nauc) :	LIE IN HIME ADBAINGLINDERS ADBAING	_NRIC/FIN/Passport No : _	S8222272C
	(*Vehicle Driver / Veh	nicle Owner) (*) Please delete as ap	propriate	
	Address :	APT BLK 136 YISHUN RING RO	AD #08-128	Singapore(760136
	Contact (Tel)		Mobile No. : 96919696	
	Email Address :			
	Date of Accident :	26/8/19	_Time of Accident :1855	HRS
	Place of Accident :	BKE TOWARD MANDAI		
	Insurance Company:	CHINA TAIPING		
		E VEHICLE B NUMBER PLATE SH ED HAD GOTTEN 2 DAYS MC	OULD BE SH87291. AND 1	WISH TO STATE THA
20 00 00 mg				
				И

Date:

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