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.

ACCIDENT STATEMENT
28/08/2019 19:30
27/08/2019 13:50
ALONG BUKIT TIMAH ROAD (U-TURN)
SINGAPORE
ETAILS OF OWN VEHICLE
SGQ7422Y
LEE DONGHYUN
S7288683F
DHL0304@GMAIL.COM
(LOCAL) +65-90257562
OTHERS-90257562
MITSUBISHI
LANCER-1.6 (A)
PRIVATE USE
NO
THIRD PARTY
PRIVATE CAR
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
COMPREHENSIVE
NO
DMPCSN3046271901

Name of Driver

NRIC No

S7288683F

Date Of Birth

21/01/1972

Occupation

Date Of Driving Pass

LEE DONGHYUN

S7288683F

21/01/1972

INDOOR

29/08/2007

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90257562

Fax Number

Contact Number OTHERS-90257562
EMail Address DHL0304@GMAIL.COM

Address 31 EWE BOON ROAD

#07-01

Postcode 259332

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 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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

...

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME: : WIFE

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 GBD7149P

Vehicle Make/Model/Colour MITSUBISHI CANTER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver PAPOLU PANDU RANGA PRASAD

NRIC/Passport Number G2493708P Contact Number 86731393

Address Postcode

Insurance Company Name

Nature Of Damage

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.

0132

Policyholder's Signature Date & Time:

28.08.2019 14:30

Driver's Signature (If driver is not the policyholder)

Date & Time:

parting Centre Personne

NRIC/FIN No.:

Sketch Plan #2

	Goldhill
	2101
	Dunearn Rd ->
) CO CREWARSH
A) SGQ 74224	
SCRIBE CIRCUMSTANCES O	Madison Residences Keng Chin Rd
ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT
I stopped my remained when I	Car(A) behind the Lorry (B). The Lorry also I stopped behind it.
	orry started reverse toward my car Deven though the Lorry hit my cat Deventually.
After accident photos of cars	we shared contact to each other and took the
CLARATION de declare the foregoing particular 3 3 32	rs are true in every respect.



















Identification Card







