

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	29/10/2019 16:26
Date Of Accident	27/10/2019 01:15
Exact Location Of Accident	SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG5257Z
Insured/Policyholder	
Name Of Registered Owner	KOH HONG ENG
NRIC No	S7113220Z
Email Address	ALICEKOH81@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81810541
Alternative Phone No	OFFICE-81810541

Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS
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	DMPCSN1224561806
Cover Note Number	

Driver

Name of Driver	KOH HONG ENG
NRIC No	S7113220Z
Date Of Birth	16/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81810541
Fax Number	
Contact Number	OFFICE-81810541
Email Address	ALICEKOH81@GMAIL.COM

Address	BLK 125 RIVERVALE STREET #03-900
Postcode	540125
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 - 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)	1

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

I WAS DRIVING ALONG SENTOSA GATEWAY HEADING TOWARDS UNIVERSAL STUDIO TO FETCH MY SON, WHILE DRIVING PASS THE PARKED VEHICLES, I HEARD A 'BANG' SOUND, BUT DID NOT SEE ANY OBJECTS AROUND MY VEHICLE, SO I PROCEED TO UNIVERSAL STUDIO. THEN I CHECKED MY VEHICLE AND SAW BLUE STAIN SCRATCHES ON MY VEHICLE'S LEFT PORTION. I SUSPECT IT WAS CAUSED BY THE TAXI WHICH FILTERED OUT FROM THE LEFT LANE AT SENTOSA GATEWAY.

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	UNKNOWN
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)

Sketch Plan

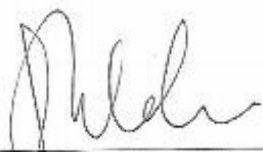
SKETCH PLAN

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7. 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:
- (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.

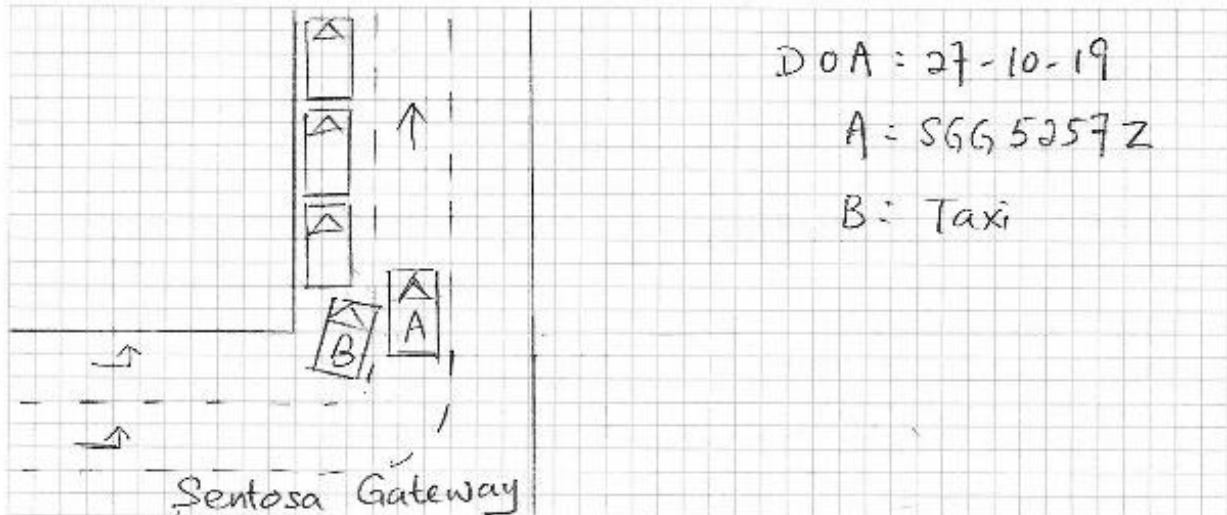

Policyholder's Signature
Date & Time: 29/10/19 1335hr

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sentosa Gateway heading towards Universal Studio to fetch my son, while driving pass the parked vehicles, I heard a 'bang' sound, but did not see any objects around my vehicle, so I proceed to Universal Studio. Then I checked my vehicle and saw blue stain scratches on my vehicle's left portion, I suspect it was which filtered out from the left lane caused by the taxi, at Sentosa Gateway.

DECLARATION

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

Policyholder's Signature
Date & Time: 29/10/19 1335hr

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

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

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7113220Z**



Name



KOH HONG ENG
许凤英
Race
CHINESE
Date of Birth **16-04-1971** Sex **F**
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S7113220Z**
Name:
KOH HONG ENG
Birth Date: **16 Apr 1971**
Issue Date: **11 Nov 2003**



 000992595G

Identification Card

0633531



NRIC No. S7113220Z

Blood Group Date of issue
A+ 25-11-1992

APT BLK 125 RIVERVALE STREET #03-030
SINGAPORE 540126

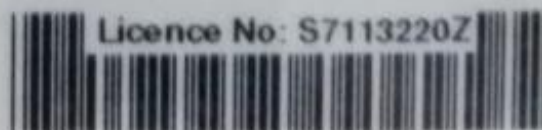
NRIC No: S7113220Z Date: 28-10-1998 No: 2684770

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

PASS DATE

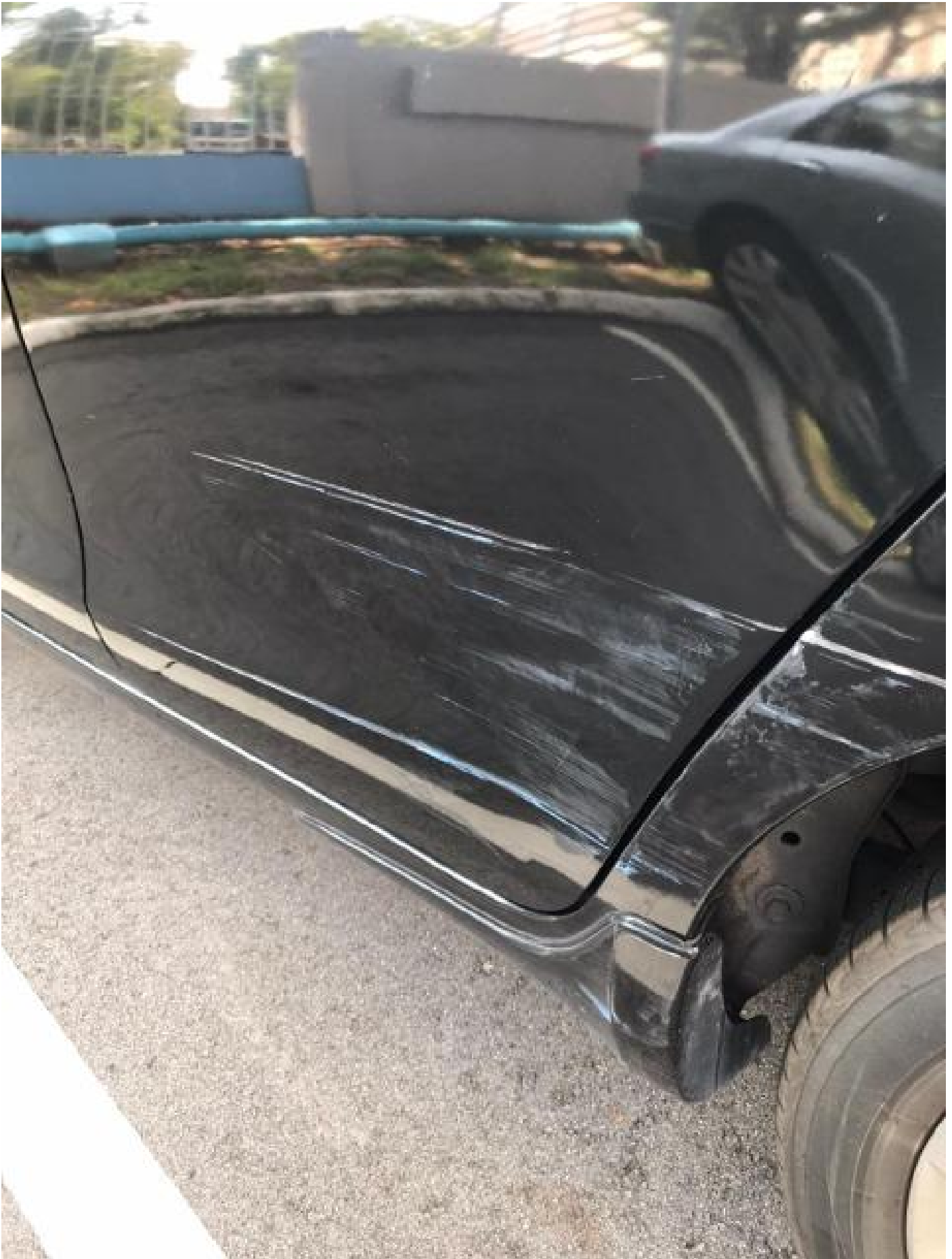
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Oct 1997
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NP 428A



Licence No: S7113220Z

SCENE PHOTO



SCENE PHOTO



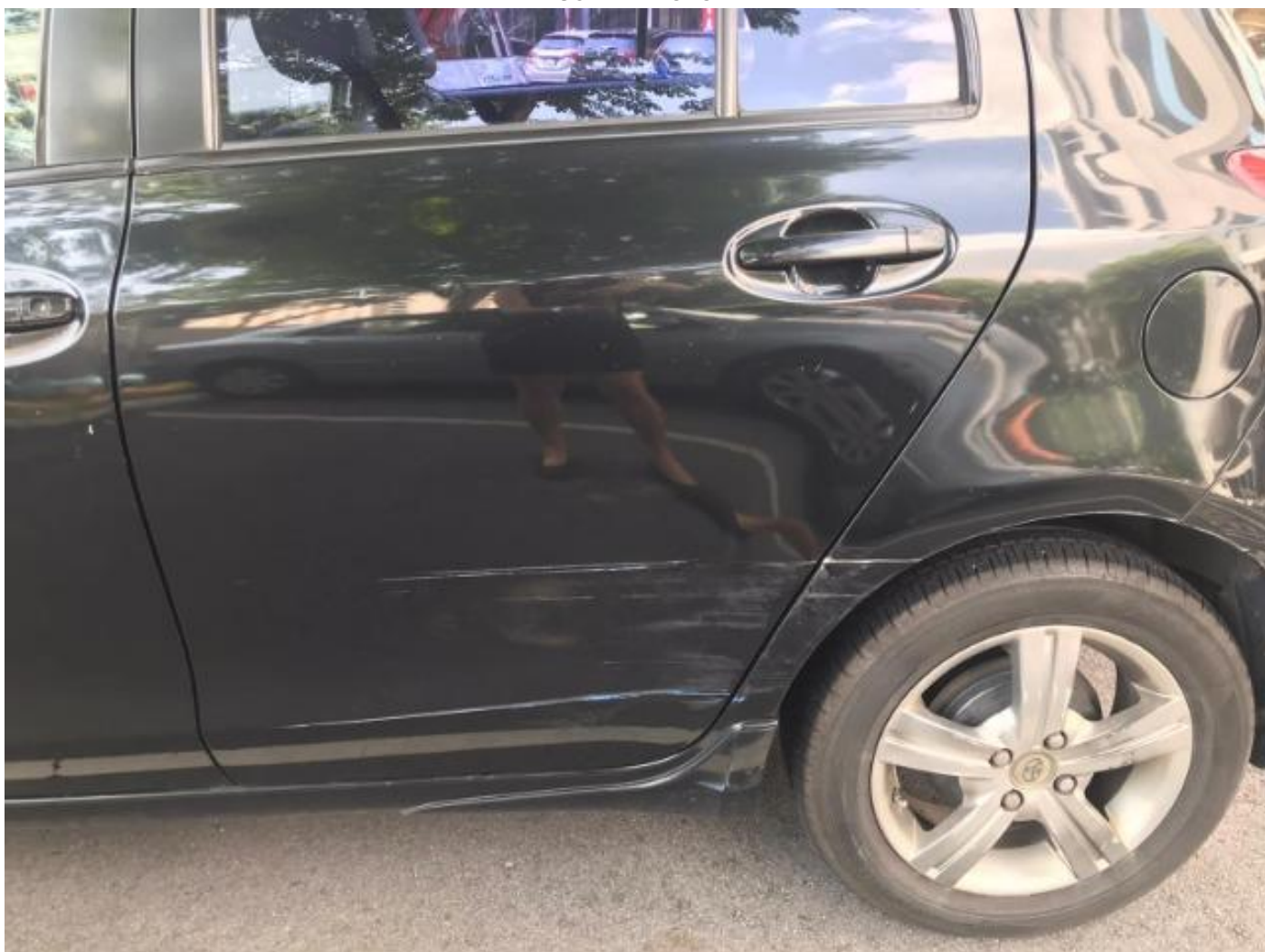
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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