

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 01/11/2019 15:02
 Date Of Accident 31/10/2019 18:20
 Exact Location Of Accident KPE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGB3802P
Insured/Policyholder
 Name Of Registered Owner WEE JUN LONG TERRY (HUANG JUNLONG)
 NRIC No S8227158I
 Email Address KAE.L.CHERISH@GMAIL.COM
 Mobile Phone No (LOCAL) +65-87769969
 Alternative Phone No OTHERS-87769969

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model C180K-1.6 (A)
 Exact Purpose for which vehicle was being used at time of accident PTE 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 DMPCSN3090381801
 Cover Note Number 13/12/2018 - 12/12/2019

Driver

Name of Driver KAN XUE LI SHELLEY (GUAN XUELI)
 NRIC No S8708127C
 Date Of Birth 08/04/1987
 Occupation OUTDOOR
 Date Of Driving Pass 13/08/2014
 Driving Experience 5 YEARS AND 2 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-90281488
 Fax Number
 Contact Number
 Email Address SHELLEYSKYLENE@GMAIL.COM

Address	BLK 467B #13-521 FERNVALE LINK
Postcode	792467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Was any injured conveyed to hospital by ambulance?	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
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

TRAFFIC WAS HEAVY AND ALL VEHICLES WAS ON SLOW MOVING MOTION. I FOLLOW FRONT CAR TO SLOW DOWN AND STOP, MOTOR CAR SLN6826D CAME FROM BEHIND AND HIT ONTO MY STOPPED VEHICLE REAR PORTION. * I FELT BACK PAIN ON LAST NIGHT AND WILL SEEK FOR MEDICAL TREATMENT LATER ON. ** BOTH HEADRESTS CAME OUT AFTER THE IMPACT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6826D
Vehicle Make/Model/Colour	RED NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LIONG PEOW
NRIC/Passport Number	S1244934H
Contact Number	96789586
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KAN XUE LI SHELLEY
Approximate Age	32
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SGB3802P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	BLK 467B #13-521 FERNVALE LINK
Postcode	792467

Sketch Plan

SKETCH PLAN

VEHICLE NO.: S683802P

INSURER: China

DATE & TIME: 31/10/19 @ 1820

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1900
01/11/2019

Reporting Centre Personnel's Signature
Name: Danya (AMK)
NRIC/FIN No.: 01/11/19

