SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number
EMail Address

- 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

| atoresald. | |
|------------------------------------------------------------------------------|-----------------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 07/11/2019 16:27 |
| Date Of Accident | 02/11/2019 13:50 |
| Exact Location Of Accident | URA CARPARK NO J0122 @295 JLN KAYU |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKD4233S |
| Insured/Policyholder | |
| Name Of Registered Owner | MR NG SIN WEI |
| NRIC No | S8024233F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94879988 |
| Alternative Phone No | OTHERS-91080101 |
| Vehicle Particulars | |
| Manufacturer | JAGUAR |
| Model | XJL |
| Exact Purpose for which vehicle was being used at time of accident | PARKED VEH |
| 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 | DMPCSN3072491900 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG AI LING JOYCE |
| NRIC No | S7725053J |
| Date Of Birth | 05/09/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/02/1996 |
| Driving Experience | 23 YEARS AND 8 MONTHS |
| Gender | FEMALE |

(LOCAL) +65-91080101

NOEMAIL

BLK 13 SENGKANG EAST AVE Address

#14-10

Postcode 544805

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

COLLIDED INTO PARKED VEHICLE Type Of Accident

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?

NO YES

NO

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Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

Details of Witness 1

Name MAY YAP CUI XUAN

Phone Number 90076808

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

GBB9556U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NG KENG MENG

NRIC/Passport Number S2505693J

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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)
 - (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:

entre Personnel's Signature

Name

NRIC/FIN No.:

Individual Statement

| SKETCH PLAN | | URA CAR | PARKIN | 010122 |
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| A: 9KD 4233S | | - 73 | 1 | 774 |
| B = GBB 9556 U | | | | |
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| ESCRIBE CIRCUMSTANCE | S OF THE ACCIDENT | | | |
| | S CALLEY | | | |
| on 02/11/2019, | I parked my car | Skp4233S at U | RA Carpark no | Jo 122 |
| 1 | N 11 1 1 20 7 | | phi Mem | V 22 V |
| manage by CBM Par | king Pte Ltd at 295 J | alan kayu arouna | 1257 hours a | md I have |
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| the parking receipt w | ith me and during the | at time I know | there was a re | d car parked |
| A - S | | | | |
| directly behind me. The | reafter. I went for m | a lunch when I I | ack from mul | unit at about |
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| river admitted to his v | mistake when the police | officer spoken to hi | m. As advice by | police officer |
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| Hiere was no injury | and damage to the gov | ernment propertu | we can make | e a claim |
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| mpany in any n | umber plate is 6BB 9 | 356 u driven bu | Ng Keng Men | g (1c no 5250569 |
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| wich to state that t | there have a withess i | named May Yap | Cui Xuan (Icho | : 517074144). |
| CLARATION | ulars are true in every respect. | | | |
| The foregoing partic | was are true in every respect. | | ^ | |
| 0 | Mu | | Sym or | 1.1.9 |
| cyholder's Signature | Driver's Signature | Pro- | 11- | |
| e & Time: | (If driver is not the policyho | Rep vider) Nam | | er s Signature |
| | Date & Time: | | Z/FIN No.: | |







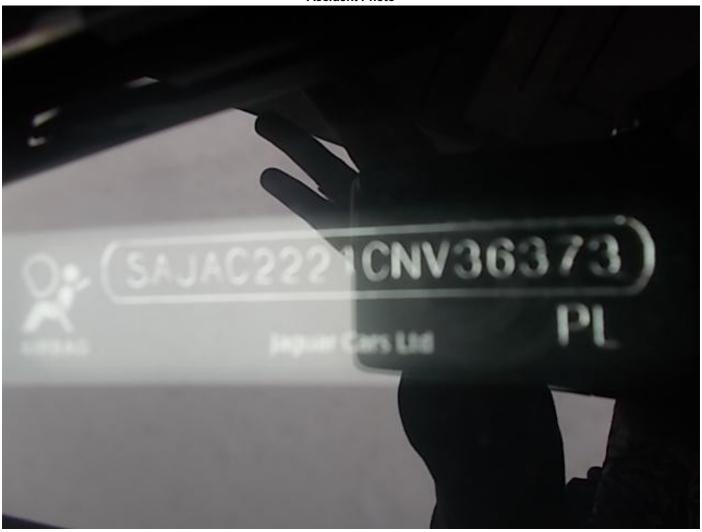


Accident Photo





Accident Photo



Accident Photo

