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 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.	
MEN STATE OF STREET, S	ACCIDENT STATEMENT
Date Of Report	11/11/2019 14:27
Date Of Accident	10/11/2019 07:00
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 3 DEPARTURE HALL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC8215P
Insured/Policyholder	
Name Of Registered Owner	11SEAGULL SERVICES PTE LTD
Co Reg No	201913561D
Email Address	11SEAGULL92@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97284168
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	DROP OFF PASSENGER
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	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3051481900
Cover Note Number	08/07/2019 - 07/07/2020
Driver	
Name of Driver	ANG SEOW HIAN (HONG SHAOXIAN)
NRIC No	S7210071I
Date Of Birth	29/03/1972
Occupation	INDOOR

INDOOR Occupation Date Of Driving Pass 24/09/2008

11 YEARS AND 1 MONTH **Driving Experience**

Gender MALE

Mobile Number +65-97284168

Fax Number

Contact Number

NOEMAIL EMail Address

BLK 705 JURONG WEST ST 71 #15-76 Address

Postcode 640705

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR**

Road Surface DRY

Other Information

ambulance?

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?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO 1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT

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

SHC1868X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN KOON CHUAN

NRIC/Passport Number

S1546244B

Contact Number

91831949

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 10 82151

INSURER

DATE & TIME:

: (2010) 1071||19(@0700

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 the report being made available aforesald.
- 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 mo, 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

(li) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: THARAST STATE OF SORES AND AND

Sketch Plan #2

SKETCH PLAN
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Vehicle No PC8215P (China)
Date & Time: 10/1112019 (Q 0700 (Cleanlany)
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* Authorised by Ms Angie Foo China Taiping To report Wo Company
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Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy for more information.
DECLARATION I/We declare the foregoing particulars are true in every respect.
Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time:
Date & Time; NRIC/FIN No.: 1991
manadossercliblaerom va () Claim Own Policy () Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()

SKETCH PLAN (WITH COMPANY CHOP) PAGE 1

SKETCH PLAN

VEHICLE NO.:

INSURER DATE & TIME:

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 - (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")
- all insurerls) who have insured vehicle(s) involved in this excident 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
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- the information to 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

Date & Time:

SERV UENNO 2016/12561D

> Driver's Signature (If driver is not the policyhalder)

Date & Time:

Reporting Centre Name:

NRIC/FIN No.:

SKETCH PLAN (WITH COMPANY CHOP) PAGE 2

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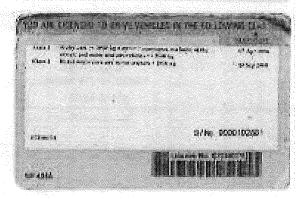
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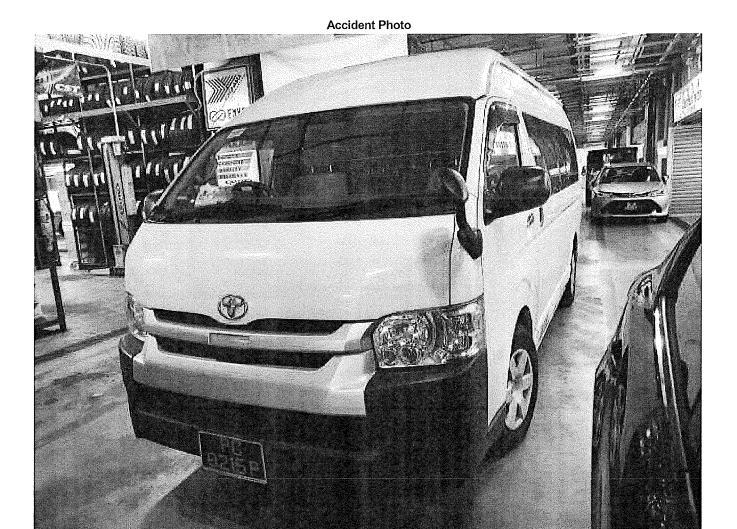
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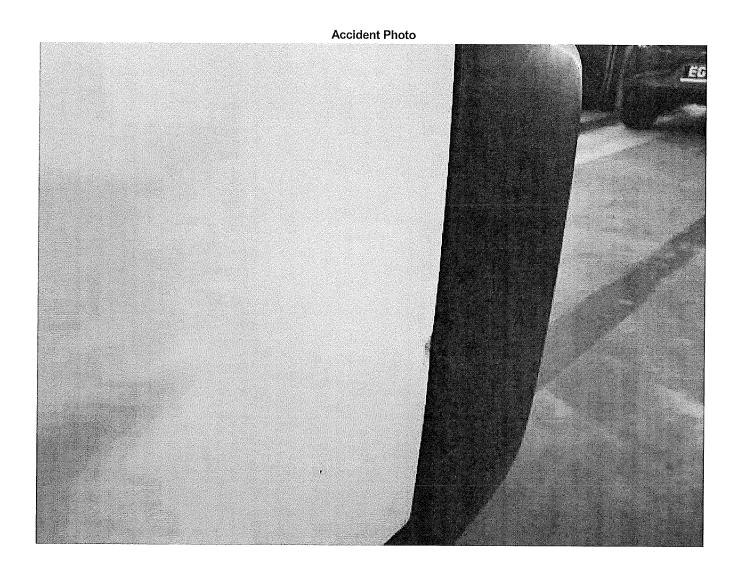


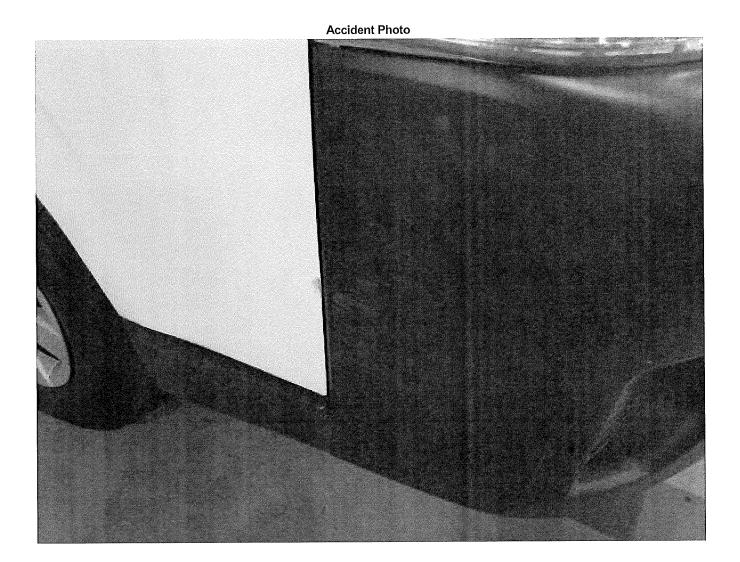
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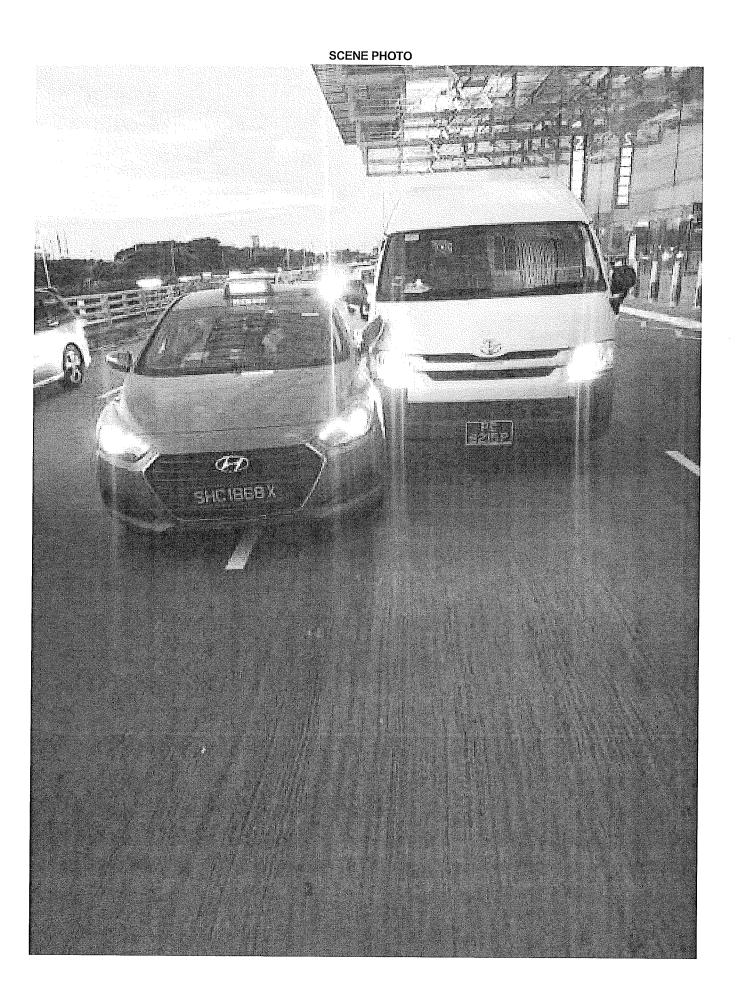


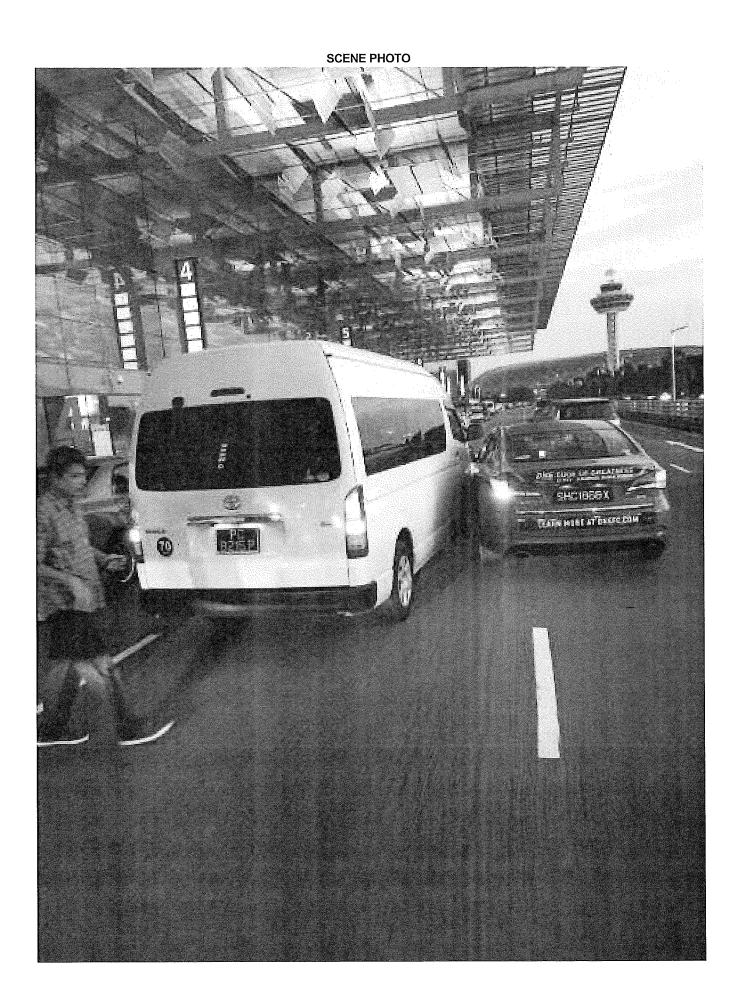














Addendum Sheet



modern seriem market (9)

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay H18-00 Singapore 048580 Tel (65) 6224-0910 | Fax (65) 6224-0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 3665500006 / 651 hgz. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: \underline{f} NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(~ Contact (Tel) Mobile No.: **Email Address** Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: SERVIC UEN NO : 2019135810 Reporting Sentre Personnel's Signature Name: Policyholder / Driver's Signature Date: NRIC/FINNO Date: