

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 willful 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	19/11/2019 17:18
Date Of Accident	19/11/2019 13:40
Exact Location Of Accident	LOR 8 TOA PAYOH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ8981H

Insured/Policyholder	
Name Of Registered Owner	TRACY GAN SEOK BEE
NRIC No	S7104509I
Email Address	TOH_GAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91705489
Alternative Phone No	OTHERS-91705489
Vehicle Particulars	
Manufacturer	BMW
Model	320I-2.0 (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?	YES
If No, Please state action to be taken	
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	DMPCSN3045051800
Cover Note Number	05/07/2019 - 28/11/2019
Driver	
Name of Driver	TRACY GAN SEOK BEE
NRIC No	S7104509I
Date Of Birth	16/02/1971
Occupation	INDOOR
Date Of Driving Pass	29/12/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91705489
Fax Number	
Contact Number	OTHERS-91705489
Email Address	TOH_GAN@HOTMAIL.COM

Address 90 WEST COAST ROAD #01-47

Postcode 126810

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 - MAJOR/MINOR RD

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

Was any body injured in the Accident? NO

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

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 GBC2715T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

VEHICLE NO.: SJO 8981H
INSURER: Lina
DATE & TIME: 19/11/19 @ 1340

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.

- The 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.
- 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.
- 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 insurers (who have insured vehicle(s) involved in this accident (all insurers) 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;
- investigating the accident and/or my claims;
- carrying out and/or dealing with my instructions or responding to any enquiries by me;
- 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
- complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

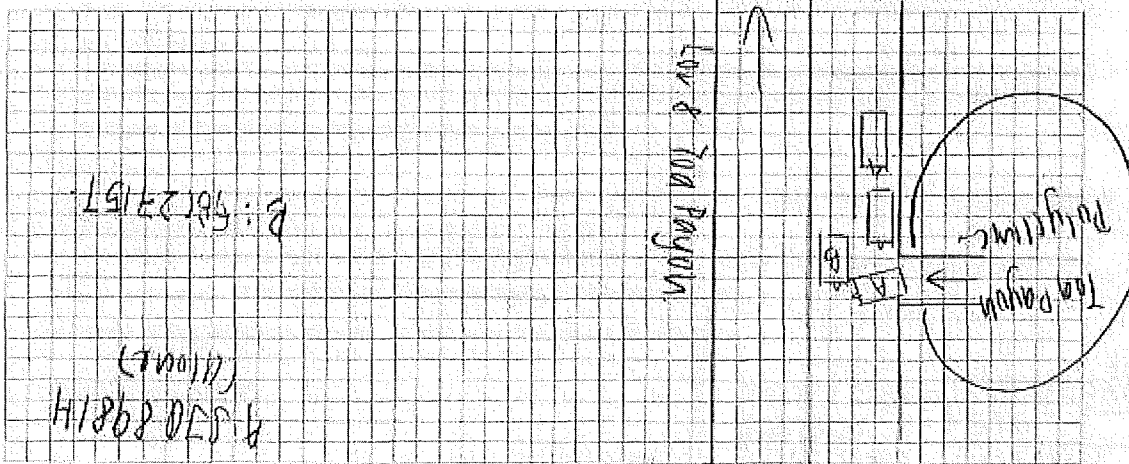
- all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers 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.
- 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.
- 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
- for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature: Lina Date & Time: _____

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

Reporting Officer's Signature: [Signature] Date & Time: _____
Name: Lina NRIC/PTIN No.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: 5308981H (Minivan)
 Date & Time: 19/11/19 @ 1340 (Monday)

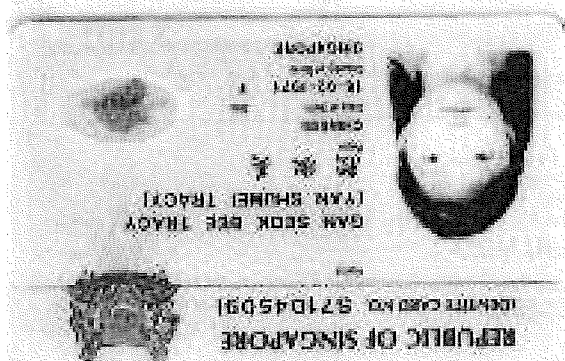
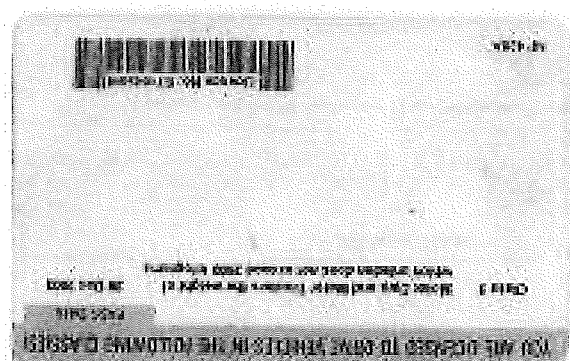
I was exiting from the Polytechnic car park. I plan to turn right along the Payoh Lor. After checking for oncoming traffic from my right, I checked for traffic from the left on the opposite direction. Due to my view being blocked by 2 stationary vans outside the Indian Temple, I could not see a fast moving white van (ABC 27157) coming towards me while I inched out to turn right towards the passenger side of this white van. My car bumper and car plate were damaged too.

Note: Please note that your insurer may have 14 days 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.

Polytechnic's Signature: [Signature]
 Date & Time: [Blank]
 Driver's Signature: [Signature]
 Date & Time: [Blank]
 (If driver is not the policyholder)
 Reporting Centre Person's Signature: [Signature]
 Name: [Blank]
 HNIC/HN No: [Blank]
 Date & Time: [Blank]
 Claim OD/TP at other workshop: [Blank]
 Claim Own Policy: [Blank]
 Claim Third Party: [Blank]
 Reporting Only: [Blank]

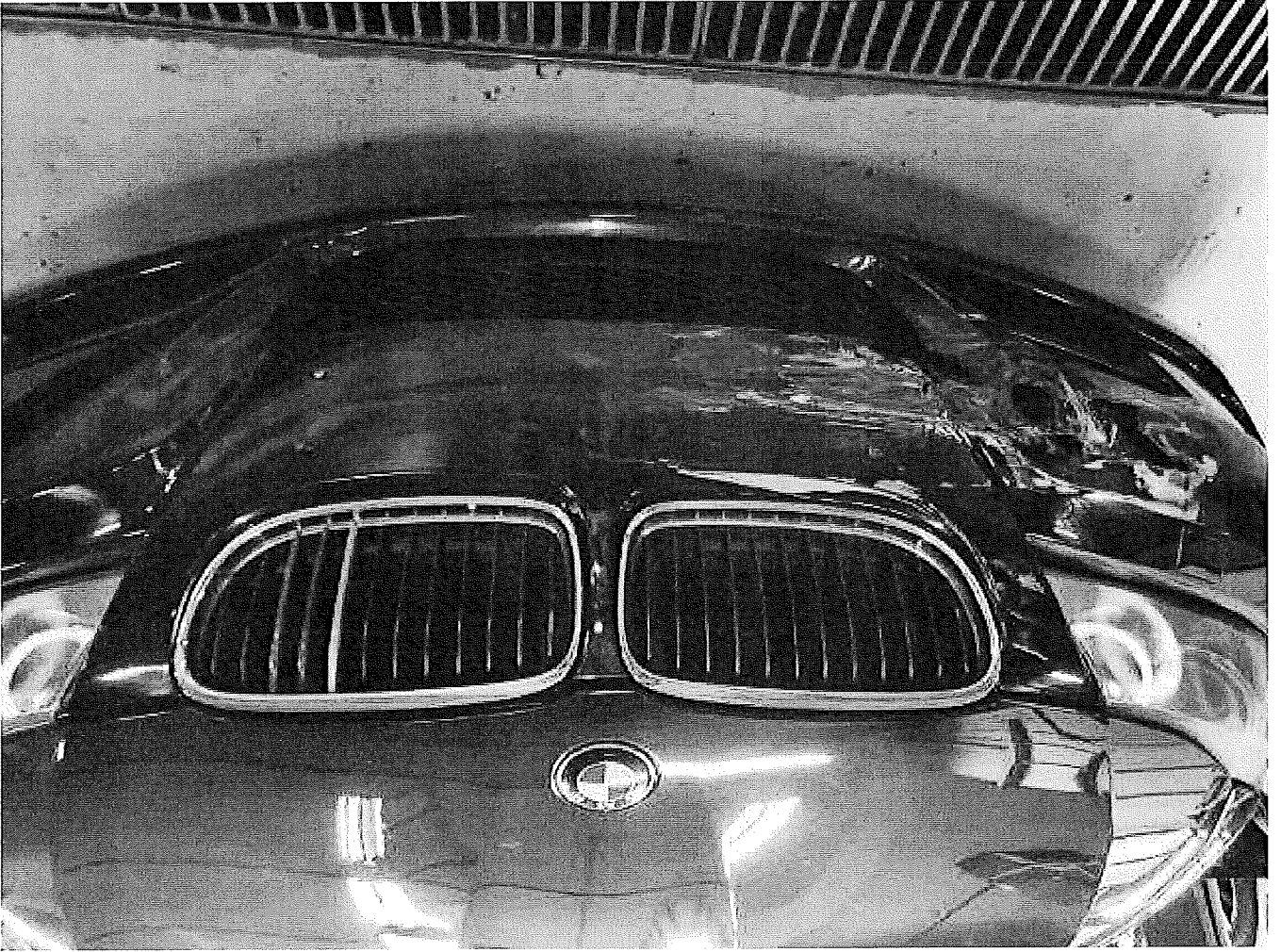




Accident Photo



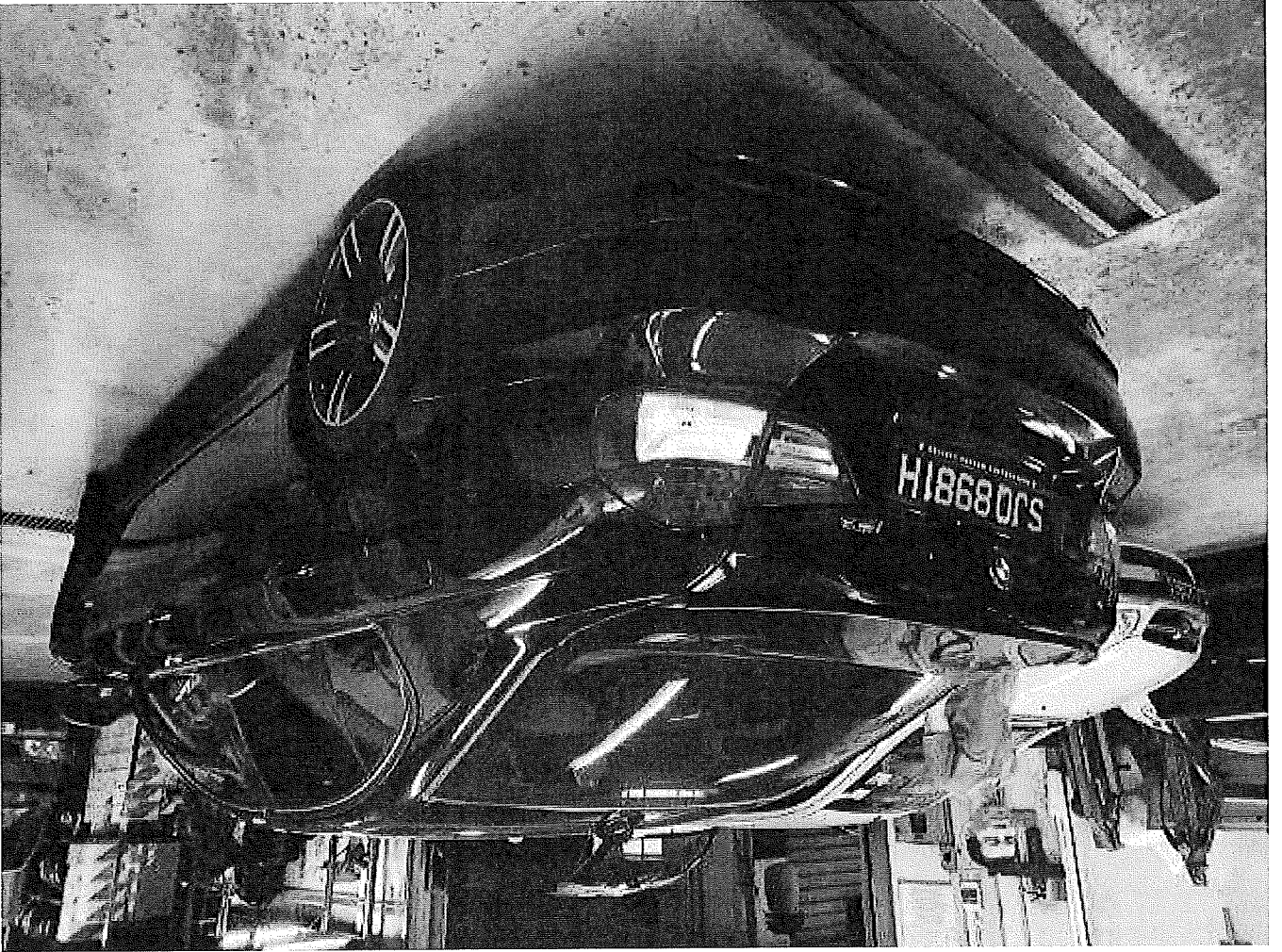
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo