#### 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 <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.

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	ACCIDENT STATEMENT	
Date Of Report	25/11/2019 10:47	
Date Of Accident	23/11/2019 18:10	
Exact Location Of Accident	LAVENDER STREET	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKH7673P	
Insured/Policyholder		
Name Of Registered Owner	CHEN GUANYE	
NRIC No	S7725760H	
Email Address	CHENDESMOND@YAMAHA-MOTOR.COM.SG	
Mobile Phone No	(LOCAL) +65-92322152	
Alternative Phone No	OTHERS-62951707	
Vehicle Particulars		
Manufacturer	BMW	
Model	X5	
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	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	DMPCSN1833821800	
Cover Note Number		
Driver		

Name of Driver CHEN GUANYE
NRIC No S7725760H
Date Of Birth 11/09/1977
Occupation INDOOR
Date Of Driving Pass 07/08/1997

Driving Experience 22 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92322152

Fax Number

Contact Number OTHERS-62951707

EMail Address CHENDESMOND@YAMAHA-MOTOR.COM.SG

**BLK 105 TOWNER ROAD** Address

#04-382 321105

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

2

NO

6

NO

**General Information of the Accident** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES 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)

Passenger 1 NAME: : LIM MEI HWEE

> GENDER: : FEMALE

Passenger 2 NAME: : CHEN XUAN YU

> GENDER: : FEMALE

Passenger 3 NAME: : CHEN XUAN TING

> GENDER: : FEMALE

Passenger 4 NAME: : CHEN JUNHE

> GENDER: : MALE

Passenger 5 NAME: : SRI IMAH

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

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? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: **NEVER USE B4** 

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLN6233P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

Name of Driver MR TOH

NRIC/Passport Number

Contact Number 82333671

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

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- 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
- 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 :
  - 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:
  - 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.

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Policyholder's Signature
Date & Time: 25 Nov 2019

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

### **Individual Statement**

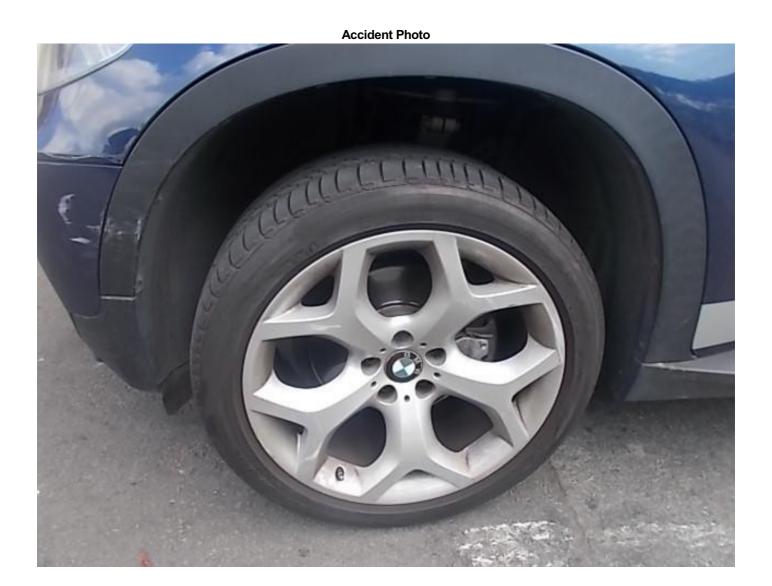
SKETCH PLAN		
A - SKH7673  B - SCN/62  DESCRIBE CIRCUMSTANCES		LAVENDER STREET
	7 4 4	
not moving and I while the of burber. Basic	at that point of fine, I will there meets come in from lane. 3	is right after the jurction of laundar lane from left to right. Most cars are I like to switch from lane 2 to lone 3 knowledo my front passenger ribe could completely, he should not enter applicately.
DECLARATION  I/We declare the foregoing particu	dars are true in every respect.	
Cer		An and
Policyholder's Signature Date & Time: 25 N ov 2019	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name:

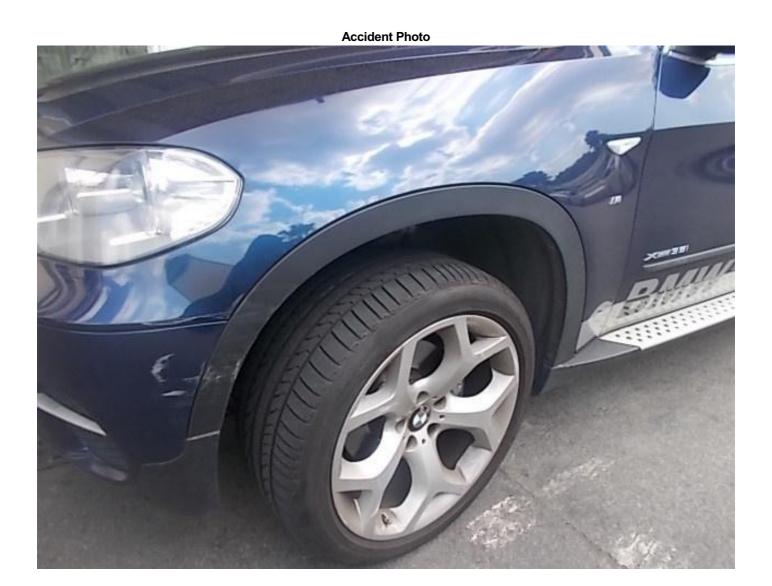


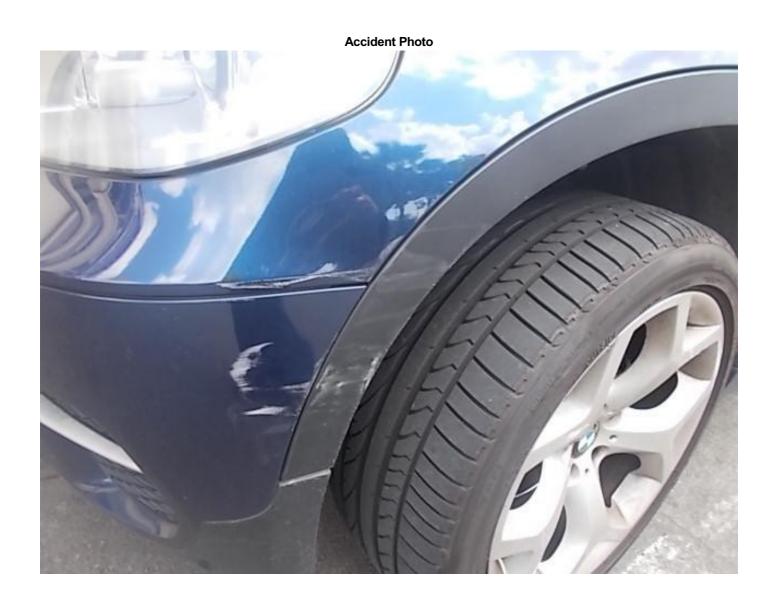








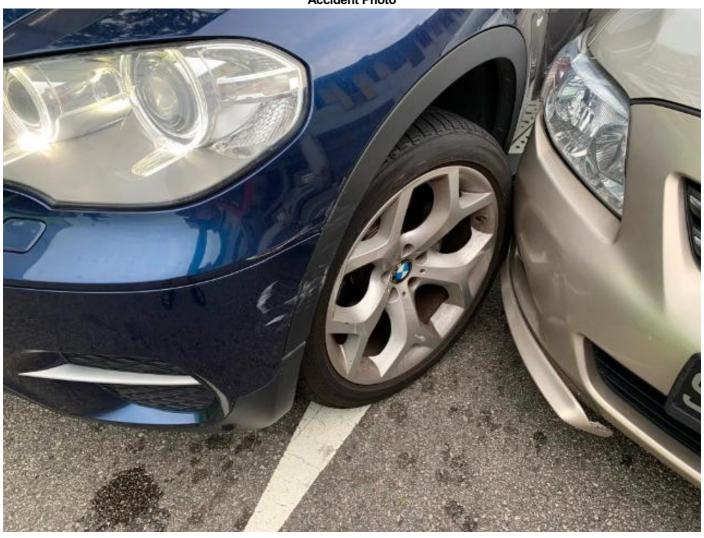


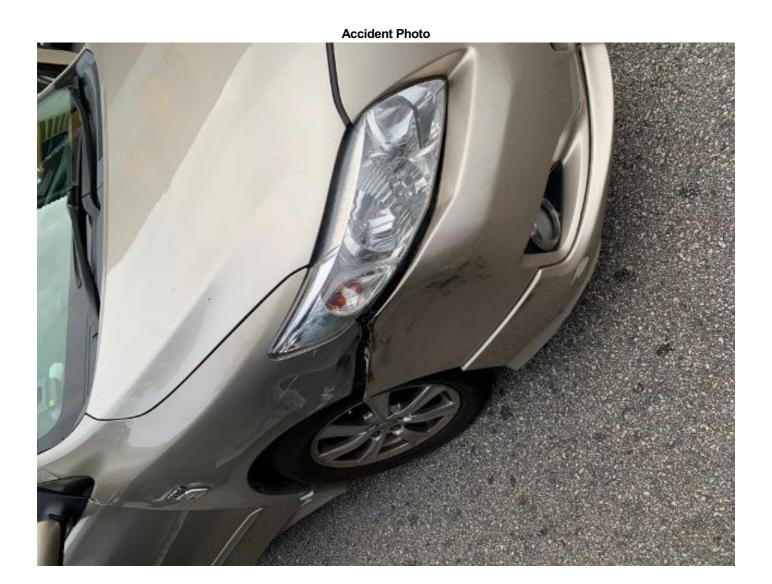














Annex D

#### NOTICE OF REPORTING

This is to confirm that <u>Chen Guanye</u>, has reported to the Police a non-injury traffic accident which occurred at the <u>Lavendar Rd junction Serangoon Rd towards Balestier Rd</u> on <u>23/11/2019</u> at <u>about 1810hrs</u> involving the following vehicle:

1) Driver 1 – SKH7673P (Blue BMW motorcar) Mr Chen Guanye 92322152(hp)

2) Driver 2 – SLN6233P (Beige Toyota motorcar) Mr Toh 82333671(hp)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SI Cheng Wen Xue

Date & Time: 24/11/2019 at 1930hrs

Police Centre/Post: Kampong Java NPC