#### 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.   | ion to the dronwing of this report at the sente and to copies of the report being made available |  |
|--|--|--|
|  | ACCIDENT STATEMENT   |  |
| Date Of Report   | 27/11/2019 15:49   |  |
| Date Of Accident   | 23/11/2019 15:50   |  |
| Exact Location Of Accident   | AMK ST 22 OPEN SPACE CARPARK   |  |
| Country/State of Loss  | SINGAPORE  |  |
| D  | DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | SLQ6900G   |  |
| Insured/Policyholder   |  |  |
| Name Of Registered Owner   | M&T COURIER SERVICE  |  |
| Co Reg No  | 53002710X  |  |
| Email Address  | NOEMAIL  |  |
| Mobile Phone No  |  |  |
| Alternative Phone No   | OFFICE-89999999  |  |
| Vehicle Particulars  |  |  |
| Manufacturer   | MITSUBISHI   |  |
| Model  | LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR   |  |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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   | COMMERCIAL VEHICLE   |  |
| Insurance Company  |  |  |
| Name of Insurance Company  | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  |  |
| Type Of Coverage   | COMPREHENSIVE  |  |
| Fleet Policy   | NO   |  |
| Policy Number  | DMPCSN3074861800   |  |
| Cover Note Number  |  |  |
| Driver   |  |  |
| Name of Driver   | ANDY NG LAI SHUN   |  |
| NRIC No  | S9303616F  |  |

 NRIC No
 \$9303616F

 Date Of Birth
 02/02/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 22/08/2017

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93872070

Fax Number

Contact Number OFFICE-93872070

EMail Address NOEMAIL

BLK 210 ANG MO KIO AVENUE 3 Address

#03-1604

Postcode 560210

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

2

NO

NO

2

NO

NO

**General Information of the Accident** 

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

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

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: : TEO SZE CHI WENDY

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?

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? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKH4153T Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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#### Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name ANDY NG LAI SHUN

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SLQ6900G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name TEO SZE CHI WENDY

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SLQ6900G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

S Jaino

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

#### **Accident Sketch Plan**

| SKETCH PLAN |       |              |              |
|-------------|-------|--------------|--------------|
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| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT                                      |
|---|
| I was travelling straight along open space carpark of Ang Mo Kro            |
| Street 22. While travelling straight, I saw vehicle B stopped without       |
| signalling so I overtake vehicle B slowly. Out of suddon, vehicle B neverse |
| and collided onto my rear right portion of my vehicle.                      |
|   |
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|   |
|   |

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

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