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

aforesaid.						
	ACCIDENT STATEMENT					
Date Of Report	24/12/2019 17:18					
Date Of Accident	23/12/2019 18:10					
Exact Location Of Accident	BETWEEN NORTH BRIDGE RD AND PARLIAMENT PLACE					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SJV9530T					
Insured/Policyholder						
Name Of Registered Owner	LA RENTALS PTE LTD					
Co Reg No	-					
Email Address	FIONA@LAYAUTO.COM					
Mobile Phone No						
Alternative Phone No	OFFICE-93874666					
Vehicle Particulars						
Manufacturer	ТОУОТА					
Model	ALTIS					
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	REPORTING ONLY					
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	DMHCSNA00000451900					
Cover Note Number						
Driver						

22/10/1979

Name of DriverKOH CHIEW LIANNRIC NoSXXXX998BDate Of Birth07/11/1961OccupationOUTDOOR

Driving Experience 40 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93874666

Fax Number

Contact Number

Date Of Driving Pass

EMail Address NOEMAIL

Address BLK 10 LORONG 28 GEYLANG #06-07 SINGAPORE

Postcode 39841

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN

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 SKM7232C

Vehicle Make/Model/Colour

Details Of Properties

OKW17 2020

Vehicle Category PRIVATE CAR
Name of Driver CHU LOO TONG

NRIC/Passport Number

Contact Number 96674367

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 6. 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 raport 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 shalf be collectively referred to as the "Insurers"), the Insurers' (awyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - (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:
 - (N) 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 Impress 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.
 - rers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regular , law enforcement and government agencies as reasonably required for the purposes stated, or

plying with requirements under any regulations, laws or court orders.

Policyholder Date & Time Driver's Signature

(If driver is not the policyholder)

Date & Time:

ting Centre Personnel's Signature

Accident Sketch Plan

TCH PLAN	1 1	1 1	1	
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LAKENON	ars are true in every respec	y.	4	7























Addendum Sheet



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: SJV 953 DT Original Report No : MNA 119169330 Name(as shownin NRIC): KoH CHIEW LIAN NRIC/FIN/Passport No : 5 149099813 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate BIK 10 Lorong 28 GOLANG #06.07 Singapore (39815) 93874666 Contact (Tel) Mobile No.: NO EMAI **Email Address** 1810 24/12/2014 Date of Accident Time of Accident: Place of Accident : Between North Bridge Road and Parliament Place Insurance Company: China +alpine (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: # WRONG IMASES

Beporting Centre Personnel's Signature

Paraswar NRIC/FINNO :: SASZ643AE 24/12/19

Name:

Date:

Addendum Sheet



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: 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 : MNA119169330-01 Vehicle Registration No: SJV 9530T NRIC/FIN/Passport No : S149 09988 Name(as shown in NRIC): KOH CHIEU LIAN (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BIKIO LOVORS 28 GEYLAGS #06-07 Singapore(\$184 15 Address Contact (Tel) Mobile No.: END - EMAI **Email Address** 23/12/2019 Time of Accident: Date of Accident Retween North Eridge Road and Parliament Place Place of Accident : Insurance Company: _ Ching + (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: Error in VEH DETAIL.

Date: 24/12/19

Name: Pave Surem NRIC/FINNO :: S9524439F

Reporting Centre Personnel's Signature

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore D48580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

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

		ADDEND	UM		
P	PARTICULARS OF PERSON MAKINGTHE AMENDMENTS:				
0	riginal Report No :	MN9/19/69330-02	Vehicle Registration No: 51195307		
		KOH CHIEW LIAN	Vehicle Registration No:SVV95307 NRIC/FIN/Passport No :SXXXX 9 9 8 G		
		nicle Owner) (*) Please delete as a	ppropriate		
A	ddress :	BLK 10 LOR 28 40	= 4can/6 #06-07 Singapore()		
Co	ontact (Tel)		Mobile No.: 93874666		
Er	mail Address				
Da	ate of Accident :	23/13/19	_Time of Accident :		
PI	ace of Accident :	NORTH BRIDGE RD	A PARLIAMENT PLACE		
In	surance Company:	CHINA TAIPING			
-	.3.16ND	DOLICY NO			
_		100			
_					
-					
_					
			Sym 27/12/19		
	licyholder / Driver's	Flores	Reporting Centre Personnel's Signature		

Date: