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	14/01/2020 10:18				
Date Of Accident	13/01/2020 13:30				
Exact Location Of Accident	817A TAMPINES ST 84 CARPARK				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SJT4482S				
Insured/Policyholder					
Name Of Registered Owner	CAI CHANG HONG				
NRIC No	SXXXX673H				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-91813585				
Alternative Phone No	OFFICE-91813585				
Vehicle Particulars					
Manufacturer	BMW				
Model	3201 A				
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	DMPCSN3027521901				
Cover Note Number					
Driver					

Name of DriverLIN YAHONGNRIC NoSXXXX636JDate Of Birth01/05/1980OccupationINDOORDate Of Driving Pass24/07/2014

Driving Experience 5 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81689937

Fax Number

Contact Number OFFICE-81689937

EMail Address NOEMAIL

BLK 871A TAMPINES STREET 84 Address

#06-33 521871

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

YES

NO

1

NO

NO

General Information of the Accident

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

Road Surface

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

ambulance?

Other Information

Postcode

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)

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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 XE4112S

Vehicle Registration Number 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)

Page 2 of 13

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
 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.
- 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:
 - (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.

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persophel's Signature Name:

NRIC/FIN No.:

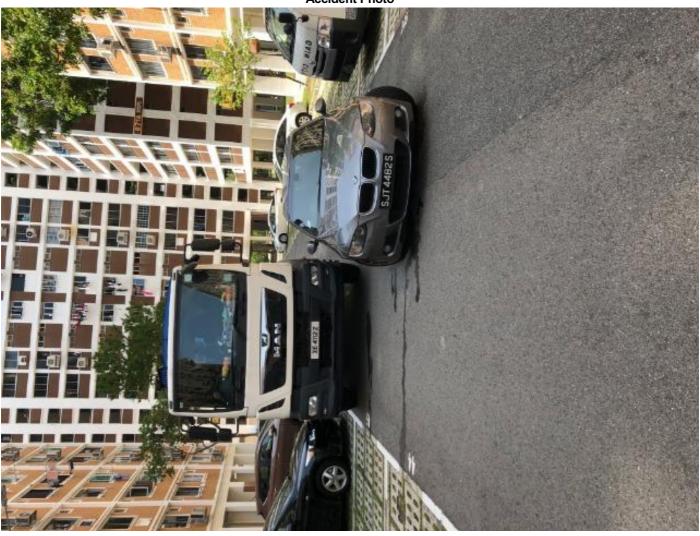
Accident Sketch Plan

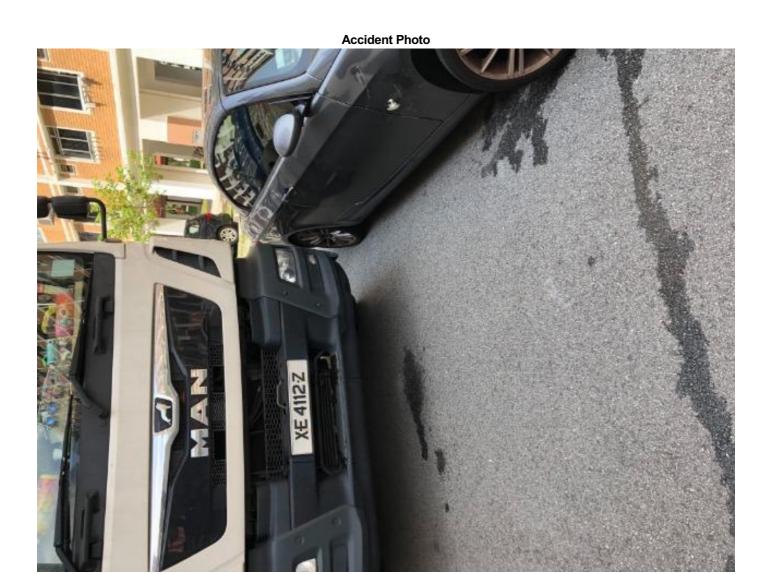
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We declare the foregoing par	ticulars are true in every respect.		_	Ma
olicyholder's Signature Jate & Time:	Driver's Signature (If driver is not the policyholde Date & Time:	r) Nar	oorting Centre Personn me: C/FIN No.:	el's Signature

Name: NRIC/FIN No.:

Accident Sketch Plan

ON STATED DATE AND TIME, AS I WANTED TO EXIT FROM THE CARPARK LOT. I NOTICED THAT VEHICLE B WAS STATIONARY STOPPED BESIDE THE RUBBISH BIN. I PROCEED TO EXIT FROM THE CARPARK LOT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B GRAZED ONTO MY VEHICLE RIGHT PORTION.















Accident Photo 80 100 120 140 160 180 120 200 220 240 160 160 136259 km 949