

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 wilful 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	05/02/2020 15:13
Date Of Accident	15/01/2020 11:45
Exact Location Of Accident	BLK 410 & 416 ANG MO KIO OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5520T
Insured/Policyholder	
Name Of Registered Owner	HOW CHU LENG
NRIC No	S1642563Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90463606
Alternative Phone No	OTHERS-90463606

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 (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?	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	DMPCSN1610671903
Cover Note Number	26/03/2019 - 25/03/2020

Driver

Name of Driver	GOH LEH WAH
NRIC No	S0358335Z
Date Of Birth	11/08/1934
Occupation	INDOOR
Date Of Driving Pass	18/11/1969
Driving Experience	50 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90463606
Fax Number	
Contact Number	OTHERS-90463606
Email Address	NOEMAIL

Address	41 DEDAP ROAD
Postcode	809445
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	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	SLX7254U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJ055207
INSURER: China
DATE & TIME: 15/01/20 @ 1145

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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:
 - (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;
 - (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:

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

Reporting Centre Personnel's Signature
Name: Donyn (AMK)
NRIC/FIN No.: 05/02/20

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S16425632



Name
HOW CHU LENG
侯俊龙

Race
CHINESE

Date of Birth
21-02-1964

Sex
M

Country/Place of Birth
SINGAPORE

6311132

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S03583352



Name
GOH LEH WAH
吴麗华

Race
CHINESE

Date of Birth
12-08-1934

Sex
F

Country of Birth
CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S16425632



Name
HOW CHU LENG

Date of Birth
21 Feb 1964

Valid From
17 Jun 2003

6311132

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S03583352



Name
GOH LEH WAH

Date of Birth
11 Aug 1934

Valid From
12 Nov 2003

0173743

6311132



Identity No: S16425632



Date of Birth
21-02-1964

Address
**41 DECAP ROAD
SINGAPORE 604008**

0173743



Identity No: S03583352



Date of Birth
12-08-1934

Address
**41 DECAP ROAD
SINGAPORE 2600**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE
07 Jul 1969

Class 1 Motor Cars and Motor Tractors the weight of which (combined) does not exceed 2000 kilograms

License No: S16425632

NP 038A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE
18 Nov 1969

Class 2 Motor Cars and Motor Tractors the weight of which (combined) does not exceed 2000 kilograms

License No: S03583352

NP 038A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

