

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	28/01/2020 09:53
Date Of Accident	25/01/2020 16:40
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7099D
Insured/Policyholder	
Name Of Registered Owner	AVERIL CHAN SI WAN
NRIC No	SXXXX406J
Email Address	CHANGRONG163@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97419715
Alternative Phone No	OTHERS-97281290

Vehicle Particulars

Manufacturer	BMW
Model	216I GRANTOURER
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	DMPCSNA00001341900
Cover Note Number	

Driver

Name of Driver	WANG CHANGRONG
NRIC No	SXXXX566A
Date Of Birth	19/05/1984
Occupation	INDOOR
Date Of Driving Pass	02/09/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97281290
Fax Number	
Contact Number	
E Mail Address	CHANGRONG163@YAHOO.COM.SG

Address	BLK 522B TAMPINES CENTRAL 7 #08-25
Postcode	522522
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	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	5
Passenger 1	NAME: : AVERIL CHAN GENDER: : FEMALE
Passenger 2	NAME: : DALE WANG GENDER: : MALE
Passenger 3	NAME: : BAILEY RAE WANG GENDER: : FEMALE
Passenger 4	NAME: : LIN GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN9388T
Vehicle Make/Model/Colour	BMW320I
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHARLIE NG ENG HUA
NRIC/Passport Number	
Contact Number	96835986
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

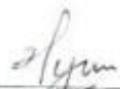
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:


28/01/2020, 1005 hrs.

 28/01/20

Individual Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving SM6709D on the 3rd lane going straight on Guillemard Road heading towards CITY when a white Bmw 93887 suddenly turned left from the centre lane (2nd lane) towards a turn-left lane towards Tanjong Katong Rd.

I was not able to brake in time to prevent the accident (although I jammed brake). The driver was very apologetic and asked for private settlement to avoid losing his 50% NCD. I did not promise anything but agreed to proceed to his preferred workshop tomorrow (28th Jan) to assess the damage & cost.

If we could not agree to the private settlement, I wish to claim 3rd party insurance against him.

Please refer to the accident video for more details.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

28/01/2020, 10:05 hrs.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature] 28/01/20

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0010 Fax (65) 6724 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / 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:

Original Report No : MNA120011747. Vehicle Registration No: SMG7099D.

Name (as shown in NRIC) : Wang Changrong NRIC/FIN/Passport No : S8414566A

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 522B Tampines Central 7 Singapore (522522.)

Contact (Tel) : 97281290 Mobile No. : _____

Email Address : _____

Date of Accident : 25/1/20. Time of Accident : 1640.

Place of Accident : Guillemard Rd.

Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change to Third Party Claim.

[Signature]
Policyholder / Driver's Signature
Date: 30/01/2020

[Signature]
Reporting Centre Personnel's Signature
Name: Mohd Taufiq
NRIC/FIN No.: S8420332
Date: 30/1/20.