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	21/01/2020 12:33			
Date Of Accident	20/01/2020 23:15			
Exact Location Of Accident	FINLAYSON GREEN TOWARDS RAFFLES QUAY			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SBZ1177G			
Insured/Policyholder				
Name Of Registered Owner	BAY CHEE FENG			
NRIC No	S1682548D			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-91888255			
Alternative Phone No	OFFICE-83224534			
Vehicle Particulars				
Manufacturer	HONDA			
Model	ODYSSEY			
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	DMPCSN3077341901			
Cover Note Number				
Driver				

Name of Driver GOH ZHI BING, BRYAN

NRIC No S9636998J
Date Of Birth 16/10/1996
Occupation INDOOR
Date Of Driving Pass 21/01/2016

Driving Experience 3 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83224534

Fax Number
Contact Number

EMail Address BRYANGOHP@HOTMAIL.COM

Address BLK 75 TAMPINES AVENUE 1

Postcode 529781

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

YES

Was any other material or property damaged? 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

MY VEHICLE WAS STOPPED AT THE TRAFFIC LIGHT JUNCTION OF FINLAYSON GREEN WHEN THE TRAFFIC LIGHT WAS RED, WHEN TRAFFIC LIGHT TURNED GREEN, I MOVED OFF AND INTENDED TO TURN RIGHT, THEN I FELT AN IMPACT COLLIDED INTO THE FRONT LEFT HAND PORTION OF MY VEHICLE, THE COLLISION WAS CAUSED BY SHA2611Z. NO ONE WAS INJURED.

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 SHA2611Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TEO CHENG HAI

NRIC/Passport Number S1661892F Contact Number 97698877

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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:
 - 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: 7/

Orive Signature

(if driver is not the palicyholder)

Date & Time: "24

120 1215 hr

Reporting Centre Rersonnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2

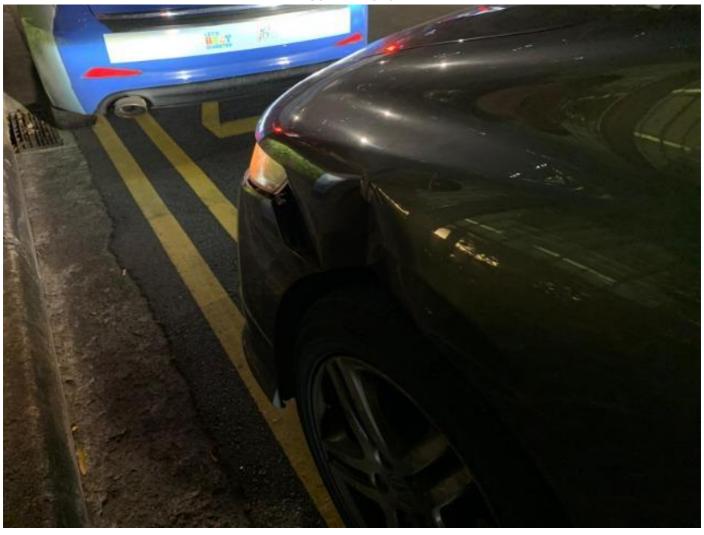
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SCRIBE CIRCUMSTANCES OF THE ACCIDENT		
My vehicle was stopped at t	he traffic lig	ht junction of Finlaus
	9	, ,
Green when the traffic light	was red, u	hen traffic light turn
green, I moved off and	intended to	turn right, then I
felt an impact collided int	- Hon Rosat 1	oblined and a
Per an impact contaba for	18 100 A PAPEL C	of ways braum at
my relide, the collision	n was caused	by SHAZGIIZ.
		J
No one was injured.		
	William III	
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CLARATION '		
le declare the foregoing particulars are true in every fesp	ect.	. (17)
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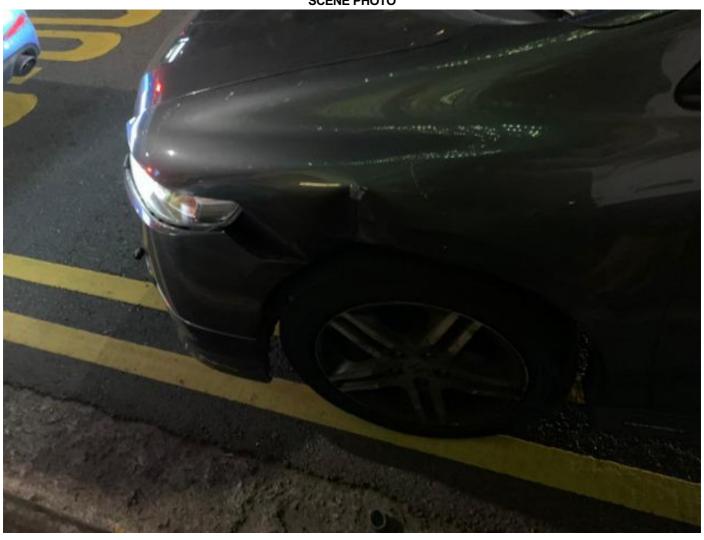
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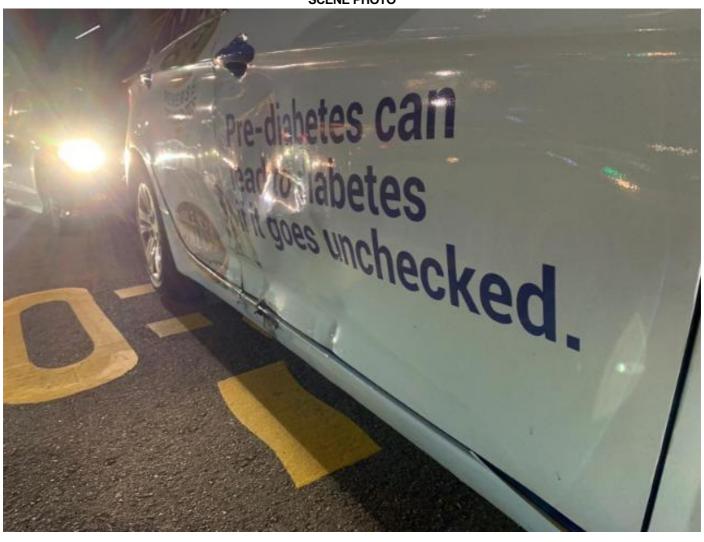


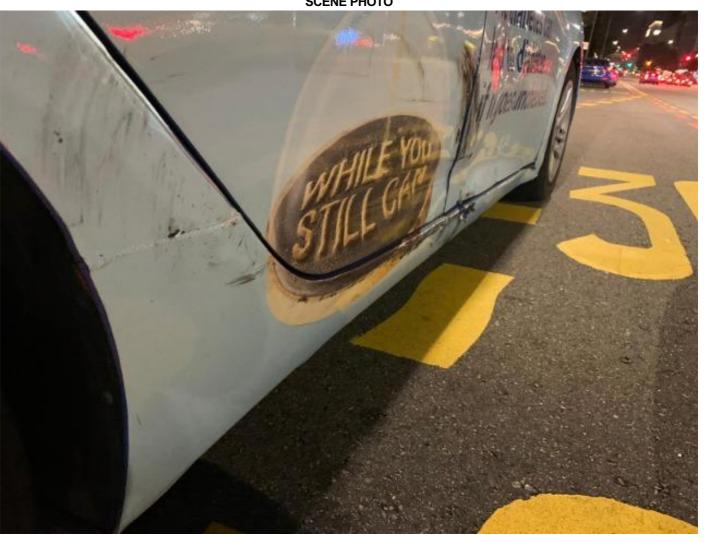
6115187 NRIC No. S9636998J Date of issue 14-01-2019 APT BLK 75 TAMPINES AVENUE 1 #15-05 SINGAPORE 529781 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) **EFFECTIVE DATE** Motor cars with unladen weight =< 3000kg with =< 7 21 Jan 2016 Class 3 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Icence No:S9636998 NP 428A

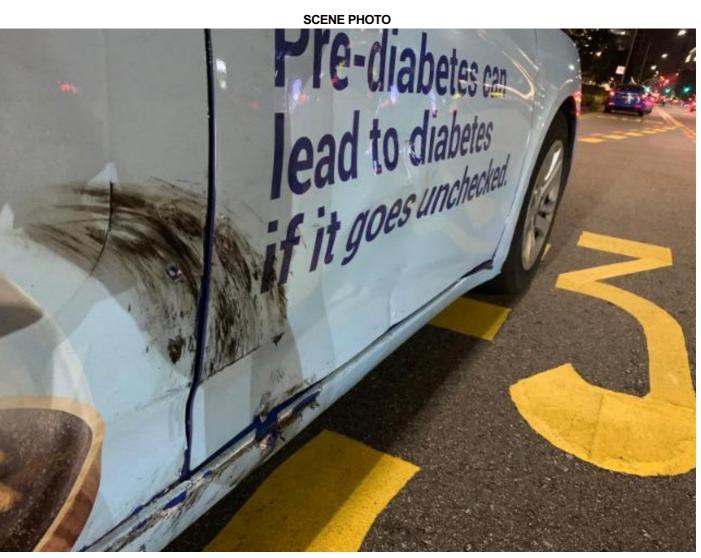




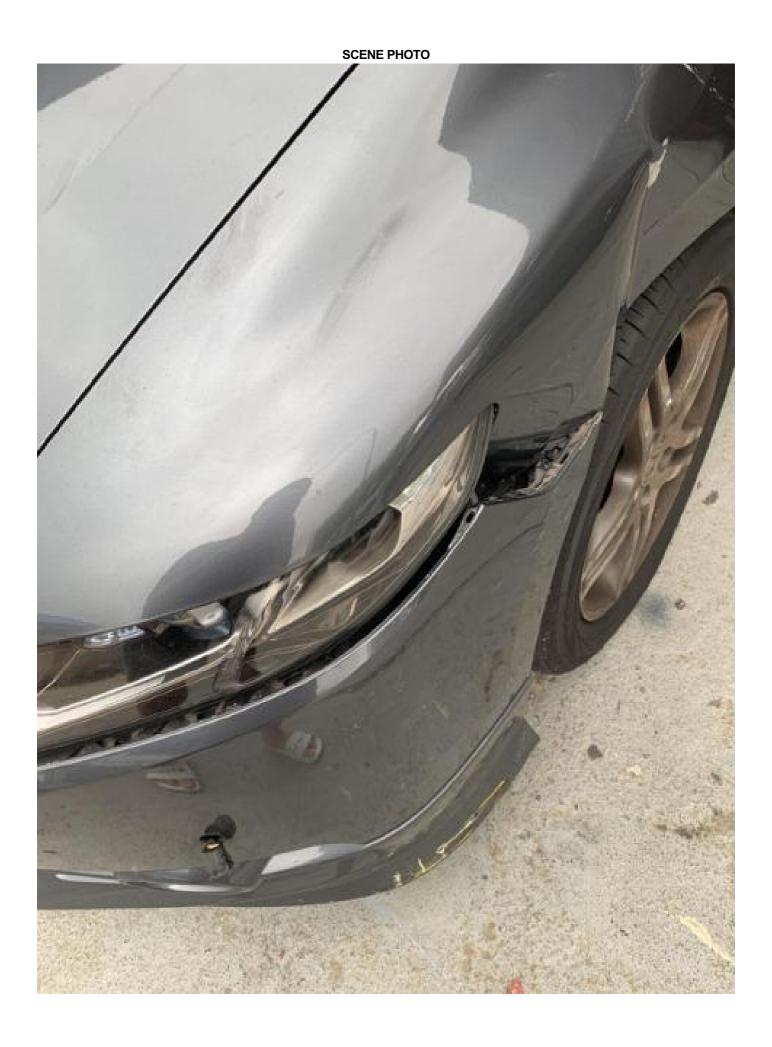


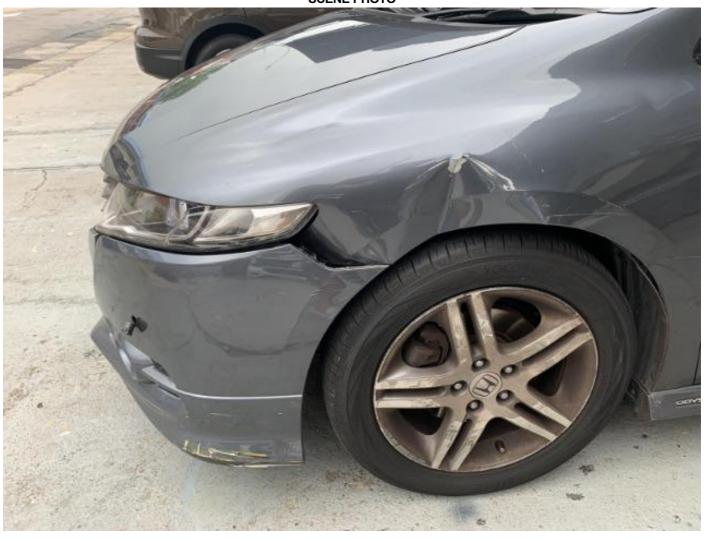
























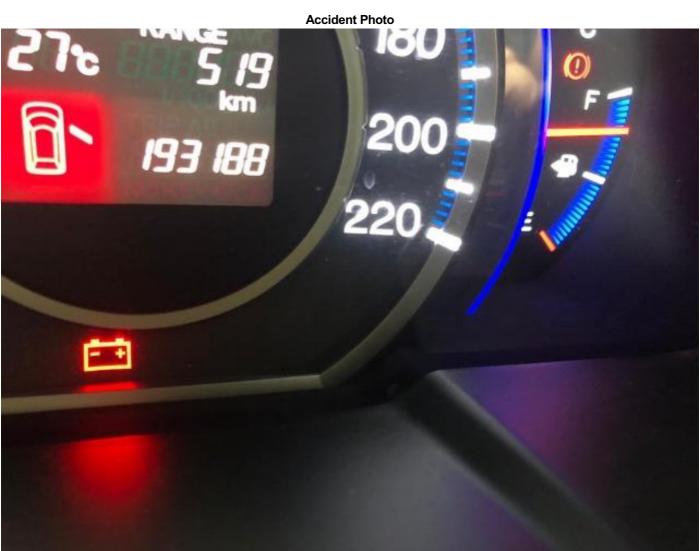












THIRD PARTY DRIVING LICENSE

