SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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	04/02/2020 15:46
Date Of Accident	03/02/2020 19:00
Exact Location Of Accident	25 ANCHORVALE CRESCENT BELLEWATERS CARPARK ENTRY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP4064B
Insured/Policyholder	
Name Of Registered Owner	WU GUIPING
NRIC No	S7266560J
Email Address	LINDAWU0898@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96777700
Alternative Phone No	OTHERS-96777700
Vehicle Particulars	
Manufacturer	HONDA
Model	HR-V-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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS010619
Cover Note Number	16/09/2019 - 15/09/2021
Driver	
Name of Driver	WU GUIPING
NRIC No	S7266560J
Date Of Birth	16/04/1972
Occupation	INDOOR
Date Of Driving Pass	12/04/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96777700
Fax Number	
Contact Number	OTHERS-96777700

LINDAWU0898@GMAIL.COM

BLK 318A ANCHORVALE LINK #14-247 Address

Postcode

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

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 YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8564X Vehicle Make/Model/Colour **HYUNDAI CAB**

Details Of Properties

TAXI Vehicle Category MR LEE Name of Driver

NRIC/Passport Number

Contact Number 98965284

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH FLAN

IMPORTANT NOTICE

- SMP 40648 (70 KiO) DOA: 03/02/20@1900
- Please report correctly the details of the accident to speed up the claims process.
 - It is Form must be completed by the Policyholder and/or the Authorised Driver.
- Transfer provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material acts have a consurance companies to repudiate policy liability.
- The succeptance of this form by insurance companies is not an admission of policy liability on the part of the insurant companies.
- I would be reporting may be referred to the Police for Investigation.
- E. 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, une 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 Menetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose is 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 nuc, 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 permated 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 Purpose
- (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: Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature
Name DUNYU (AWK) 04 02 20

SKETCH PLAN	Land Carpant		
A	achorude Crescent	A: CMDA	06116
	TY BIT	A: Smp41 B: SHD89	CLA
	Carpark gautry	0 311003	>07/
//		, · T	
//	ABI +	4	
1/	I A		
//			
	1 1	Bellewaters	
//		Condo	
///	2 2 1 7	Conao	
	Out In		
DESCRIBE CIRCUMSTANC	A (M) (()	No: SMP4064B(70Kio)	
On 0?	5 February 2020 at 19:0	2 hrs, I was driving ou	+
of the carpurl	of Bellewaters Condon	inium at 25 Anchowale C	reser
At the carpar	k exit before annound T	was slowly driving out w	hon
a Huranda Co	b bit outs my on front	right side. The hyunda;	
Carried Car	to the open of all the	right side. The hyunda.	M47
Coming Irom	tef my RH side without	Stopping.	
The state of the s			
		. /	
☐ Claim OD/TP at	☑ Claim OD/TP at otl		
	Claim OD/TP at other		
Remarks: Please forwar My workshop :	Claim OD/TP at other of a copy of my effice accident report to:		
Remarks : Please forwar My workshop : Email address :			
Remarks: Please forwar My workshop :			
Remarks : Please forwa My workshop : Email address : & myself :			
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note	rd a copy of my efile accident report to : that your insurer have 14 days timeframe	ner workshop	
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly o	rd a copy of my efile accident report to :	ner workshop	
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly o	rd a copy of my efile accident report to : that your insurer have 14 days timeframe check with your own insurer for more inf	ner workshop	
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly o	rd a copy of my efile accident report to : that your insurer have 14 days timeframe	ner workshop	
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly o	rd a copy of my efile accident report to : that your insurer have 14 days timeframe check with your own insurer for more inf	ner workshop	

Driving License





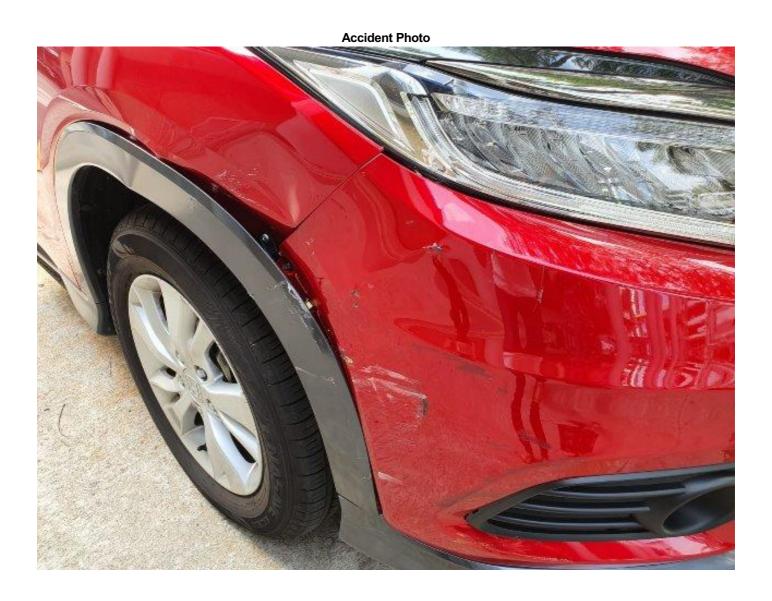


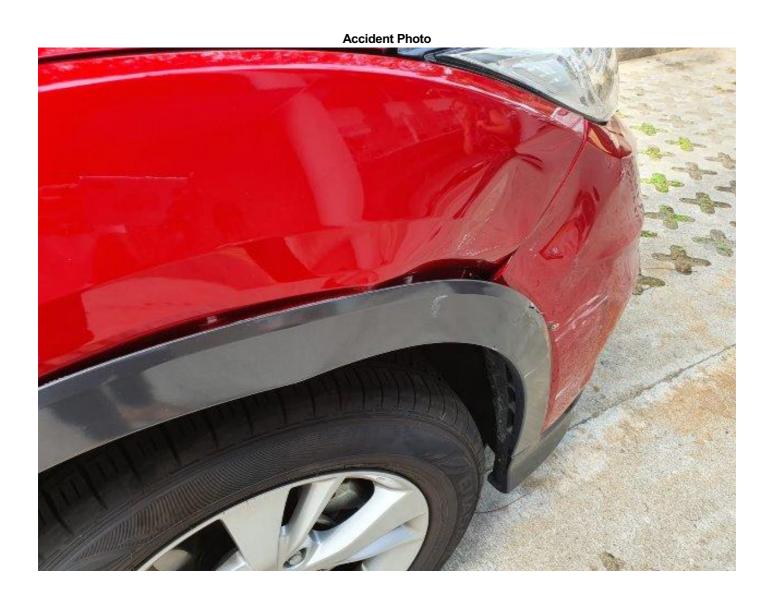
YOU ARE LICENSED TO DRIVE VEHICLES IN THE ROLLOWING CLASSIS) COMMAND WITH MICH. WITH WITH WITH WITH A STREET, WITH A STREET,

LESTER NO STANSON

100 428A

Accident Photo Supplies Supplies





Accident Photo



Accident Photo



Accident Photo

