#### 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	27/03/2020 11:55
Date Of Accident	27/03/2020 09:00
Exact Location Of Accident	SLE TWDS BKE BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4210S
Insured/Policyholder	
Name Of Registered Owner	SM AUTOMOTIVE
Co Reg No	5XXXX488C
Email Address	NOEMAIL

(LOCAL) +65-98350460

OFFICE-98350460

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

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?

YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMPCSNA00014622001

Cover Note Number

Driver

Name of Driver POH EE HUAT

NRIC No SXXXX530A

Date Of Birth 07/12/1967

Occupation INDOOR

Date Of Driving Pass 27/10/2003

Driving Experience 16 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93354012

Fax Number

Contact Number OFFICE-93354012

EMail Address NOEMAIL

**BLK 23 SIN MING ROAD** Address

#07-23

Postcode 570023

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

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 1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

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?

NΟ

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number PC8055J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

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- 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.
- 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 insurers) 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: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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#### **Accident Sketch Plan**

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RIBE CIRCUMSTANCES OF THE ACCIDENT  J SHE TORMERCING HEAVING SLE TORMEDS BKE WITHE LEFT MET LANCE OF 3 LONGS, MS I WAS TORMEDIANA THEATING TORMED AND STOP IN TERMINATION OF MISSING PC BOSS J IN TREAT SUDDENLY TIME BURGES, J COULD NOT STOP IN TIME AND COLLIDED ENTO THE LEGY OF MISSING PC BOSS J THERE WHS NO BODY WIJURED AT THE TIME OF ACCIDENT.	9	6	1	
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RIBE CIRCUMSTANCES OF THE ACCIDENT  J. SAR TAMOGRAPHA ALLEY SLE TOWARDOR BKC ON THE LEFT MET LANG OF 3 LONGS, AS J. WAS TAMOGRAPHA TEARBHT ONE MIBERS PC BOSS J. IN FROM SUDOWNY JAM BORKO, J. COUND NOT STOP IN TIME AND COLLIDED ONTO THE EAR OF MIBERS PC BOSS J. THERE WAS NO BODY INJURSO AT THE TIME OF ACCIDENTAL.	*		. 1.	BI be spect.
RIBE CIRCUMSTANCES OF THE ACCIDENT  J DE TRADECLINA MADIG SLE TODARDR BKE WI  NE LEFT MET LANG OF 3 LANGS, AS I DAS TAMORUMA TRAHLAT CHO MIBMS PC BOSS I IN FROM SUDDONLY IMM BRAKE, I COULD NOT STOP IN TIME AND COLLIDED ENTO THE EAR OF MIBMS PC BOSS I THERE WAS NO BODY WIJURED AT THE TIME OF ACCIDENT.			т т	
J 286 (PARCELLING MEDIG SLE TOWARDS BKE W)  WE KEY MET LANG OF 3 LONGS, AS I WAS THROUGHUNG  TEARGHT ONE MIBUS PC BOSS I IN FRONT SUDDENLY JAM  BROKE, J COULD NOT STOP IN TIME AND COLLIDED ENTO THE  EMP OF MIBUS PC BOSS I THERE WAS NO BODY INJURGO AT  THE TIME OF ACCIDENT.	S		- (	
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Driver's Signature (If driver is not the policyholder) Date & Time:

Policyholder 1500 Date & Time

Reporting Centre Person Name: NRIC/FIN No.:















