## 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	28/04/2020 11:49
Date Of Accident	27/04/2020 13:40
Exact Location Of Accident	PIE TWDS CHANGI B4 SIMS AVE EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW6356E
Insured/Policyholder	
Name Of Registered Owner	JEREMY LEO DING HAN
NRIC No	SXXXX780E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91128966
Alternative Phone No	OFFICE-91128966
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3049201901
Cover Note Number	
Duliver	

## Driver

Name of Driver JEREMY LEO DING HAN

 NRIC No
 SXXXX780E

 Date Of Birth
 26/11/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 26/10/2010

Driving Experience 9 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91128966

Fax Number

Contact Number OFFICE-91128966

EMail Address NOEMAIL

BLK 404 JURONG WEST ST 42 #06-575 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 SIDE SWIPE Weather Conditions **CLEAR** Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

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 Number of Passengers (Including Driver)

#### **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG DIVISION HQ

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 18007910000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **Circumstances of Accident**

#### REFER TO POLICE REPORT J/20200427/7049

## Attachment(s)

YES Are accident photos available for attachment?

YES

Was there any video captured by Car Camera? Remarks/ Reasons:

TP TOOK THE MEMORY CARD

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

**PROPERTY** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **GOVERNMENT** 

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

## SKETCH PLAN

## IMPORTANT NOTICE

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made evallable upon application by
  interested parties.
- 7 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, which are not seed vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law famo, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the police).
  - 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.

\* Z1.

Policyholder's Signature Date & Type x 4.

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIR

NRIC/FIN No.

## **Accident Sketch Plan**

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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	1 1	1	0		
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rear lift	portion hit o	nto the	barr	ier and my vehic		
is facing	The opposite	direction	1 .			
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As per	police report no:	7/2020	04271	7049		
1		3350				
DECLARATION  I/We declare the foregoing par	ticulars are true in every respe					
n	are in every respe			fred		
Policyholder's Signature	_ x /			V ()		
Date & Time:	Oriver's Signature (If driver is not the pol Date & Time:	icyholder)	Nami	rting Centre Personnel's Signature e: /FIN No.:		

## POLICE REPORT



1 of 2

Report No. J/20200427/7049

## POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made 27/04/2020 22:58	Vide Report No.			Station Diary No	
Name Of Informant JEREMY LEO DING HAN	Address APT BLK 404 JURONG WEST STREET 42 #06-575 SINGAPORE 640404				
ID Type / ID No. NRIC NO / S9143780E	Contact Home/O		Mobile: 91128966		
Nationality SINGAPORE CITIZEN	Email Adinoxtave				
Occupation Storekeeper	Sex Male	Age 28	Date of Birth 26/11/1991	Race Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 27/04/2020 13:40 - 27/04/2020 13:45	Location Of Incident APT BLK 404 JURONG WEST STREET 42 #06-575 SINGAPORE 640404				

## Brief details.

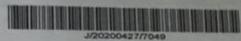
I was driving from home towards work on PIE from Jurong towards PIE(Changi Airport). After Toa payoh exit, before sims avenue exit, there was a bend where i was driving normally when suddenly my back tyres gave way and the tail of my car swung out causing me to have a collision head on with the guardrail and the impact caused me to spin out. Upon coming to a stop, a police vehicle came to assist and afterwards Traffic Police came as well. The Traffic police officer took down my particulars and informed me to make a police report. Also just to state for your information the also took my memory card out of

inoPass No signature is required.			
report has been authenticated by SingPass. No signature is required.			
Date/Time: 27/04/2020 22:58 Classification Of Case:			

Authentication Stamp

## POLICE REPORT





2 of 2

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

Report No. J/20200427/7049

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Signature Of Officer Recording The Report:

Not applicable

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 27/04/2020 22:58

Officer In-Charge Of Case:

Classification Of Case:





