#### 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 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

	ACCIDENT STATEMENT
Date Of Report	19/05/2020 17:41
Date Of Accident	15/05/2020 17:40
Exact Location Of Accident	BEDOK CORNER CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT3344D
Insured/Policyholder	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	5XXXX615L
Email Address	CARCONCEPTLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88087695
Alternative Phone No	OFFICE-88087695
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSN1933321900
Cover Note Number	
Driver	

NUR KHAIRUNNISA DIYANA BINTE ABDUL HAMED Name of Driver

NRIC No SXXXX090C Date Of Birth 02/07/1991 Occupation **OUTDOOR Date Of Driving Pass** 21/01/2016

**Driving Experience** 4 YEARS AND 3 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-88087695

Fax Number

Contact Number OTHERS-88087695

**EMail Address** CARCONCEPTLEASING@GMAIL.COM Address BLK 466D SEMBAWANG DRIVE

#12-351

Postcode 754466

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 Registration Number of Briver's Own

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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)

0

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

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 SLX5327G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 97661040

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### Accident Sketch Plan

#### SKETCH PLAN

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- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Resorting Centre Personn

NRIC/FIN No.

### **Accident Sketch Plan**

TCH PLAN		
	V.A) SMT3344D	
	V.8) 81 X52226	
	B 7 7 7 7	
	[A]	
ESCRIBE CIRCUMSTANC	Bedok Corner Carpark	
	SPORT SPORT	
	partie stationary on the stated venue.	
When I'm WO	alking towards my vehicle I saw vehicle	
-1	3 0	
SLX532761 1	reverse and grazed against my vehicle	
front right p	portion. I went forward to check my	
	Portion. I went forward to check my	
damayes, mi	y fender bumper and rims were damaged	
		_
		_
		_
CLARATION R CO	Stulars are true in every respect.	
(.( )	9 00	
2mgy3	19/05/2027	)
cyholder's Signature	Driver's Signature (If driver is not the policyholder)  Reporting Centre Persongel's Synature (If driver is not the policyholder)	M
	Date & Time: NRIC/FIN No.: NA	

### **LETTER**

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

05 Mar 2020 / 14:12:54

Receipt Date/Time :

05 Mar 2020 / 14:12:54

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200305-001891

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Replaced Vehicle No. SKD9571H				
1 Replacement of Veh Reg No SMT33448 Replacement Fee 20200305141138286032		300.00	21.00	321.00
	Sub-Total	300.00	21,00	321.00
	Total Before Rounding	300.00	21.00	321.00
	Rounding Difference			0.00
	Total Amount Payable			321.00
	Paid By			
	2020030514120519	7 Direct Debit: eN (Internet Ba	ETS Debit anking)	321.00
	Total			321.00
	Cash Change			0.00
	Tendered Amount			321.00
	Excess Refundable Amount			0.00

### THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.





















