

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	13/08/2020 16:17
Date Of Accident	13/08/2020 13:20
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB8817A
Insured/Policyholder	
Name Of Registered Owner	WEI JIN
NRIC No	SXXXX205H
Email Address	WEIJIN77777@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96219507
Alternative Phone No	OTHERS-96219507

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 (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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPSNW00048682004
Cover Note Number	23/05/2020 - 22/05/2021

Driver

Name of Driver	WEI JIN
NRIC No	SXXXX205H
Date Of Birth	17/02/1987
Occupation	INDOOR
Date Of Driving Pass	23/03/2010
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96219507
Fax Number	
Contact Number	OTHERS-96219507
E-Mail Address	WEIJIN77777@GMAIL.COM

Address	BLK 335C YISHUN ST 31 #11-49
Postcode	763335
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	CHAIN COLLISION
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	3
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.	YES
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
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFE467P
Vehicle Make/Model/Colour	RENAULT SCENIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MERIN ONG AH GEOK
NRIC/Passport Number	SXXXX902B
Contact Number	98715595
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW2797G
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Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	SALIM BIN KHANALI
NRIC/Passport Number	SXXXX619J
Contact Number	98217259
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

1. VEHICLE NO.: SDB 8817A
2. INSURER CO: China
3. ACCIDENT DATE & TIME: 13/08/2020 @ 1320

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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:
(i) 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: 13/08/2020
1610 hours.

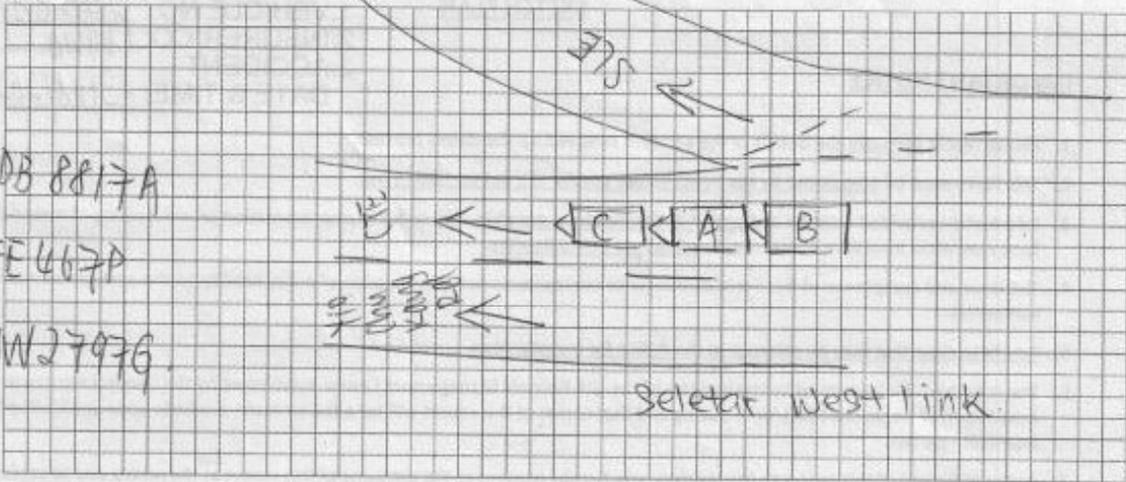
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Dorilyn LANK
NRIC/FIN No.: 13/08/2020

Sketch Plan #2

SKETCH PLAN

A: SDB 8817A
 B: SFE 467P
 C: SJW 2797G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SDB 8817A (China)
 Date & Time: 13/08/2020 @ 1320 (clear day)

I was driving along Seletar West link towards CTE City.

The car SJW 2797G toyota Altis in front of me stopped to queue up to behind the cars waiting to exit to CTE. I slowed down to a stop.

All of the sudden, there was a tremendous impact from the back of my car and my car jolted forward from the huge impact.

I blacked out momentarily during the crash. The front and the rear of my car was severely impacted damaged.

I suffer a serious injuries due the impact.

The owner of the car behind, SFE 467P admitted that she was looking down, and advised to claim against her insurance.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 13/08/2020
 1610 hours

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name: (Ank)
 NRIC/FIN No.:

GIARMC SketchPlanForm_V3 Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop (Sunday Plus Auto Computerised service centre Pte Ltd.
 Sunday-plusauto@hotmail.com