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	22/08/2020 11:01		
Date Of Accident	20/08/2020 17:00		
Exact Location Of Accident	ALEXANDRA TERRACE OUTSIDE MAPLETREE BUSINESS CITY		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMN698J		
Insured/Policyholder			
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD		
Co Reg No	2XXXXX882D		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-96253682		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	PRIUS		
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL		
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 HIRE		
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	DMHCSNA00001952000		
Cover Note Number			
Driver			
Name of Driver	LEE KUM FAI (LI JINHUI)		

NRIC No SXXXX442Z
Date Of Birth 03/07/1976
Occupation OUTDOOR
Date Of Driving Pass 22/01/1997

Driving Experience 23 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93637315

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 290A COMPASSVALE CRES #08-16

Postcode 54129

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?
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

Number of Passengers (Including Driver) 1

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ1150S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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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- 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:
 - (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:

20/8/20

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

. . .

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN		
	Alexandra Te	rrace
		D
	∠ B 19	18 J (Van) 4
		(505000)
	Car	
	698J Eytre	ouce to Madetine lives City
DESCRIBE CIRCUMSTANCES		ins crig
on the way	to pullup passenger on	20 Aug 2020 at 5pm towards
Alexandra Techu	loparic, along road Alexan	ndra Terroce, cutsde the entrance
to Mapletree Sus	inuss City, tohile I was m	laking a 3-point tury, my vehicle's
vanishett from sie	le No our was inverse	of my ray was brushed by the 1. Both the van's driver.
		got down to check our vehicles.
As there is no devi	Is on his vail (plate no G	BJ 1150S), he does not with
to pursue turtlur.	Netburded he want to e	rdiauge particulars. No passenger
was in my car	s thatos were taken of	- eristrug can condition.
After van dri	ver drive off I report +	the matter to my cental
company, Fawadri	ve (brob Fleet Partier).	Then I drave thy car back
to faughthrive at	(Kaki Bukit) for vehice	le repair linspection. I
includent descrip	to report the incident a	and Submit / email the
injured no poli	ition to them too that re was called up at the ti	rue of strident. Superiort
a police report we		the of action of sales freeding
1		
ECLARATION We declare the foregoing particul	ars are true in every respect	
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olicyholder's Signature	Driver's Signature	/**()
ate & Time:	(If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
10/4/1010	Date & Time;	NRIC/FIN No.:

26 8 2020

20/4/20

















