

## 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	04/09/2020 10:40
Date Of Accident	03/09/2020 12:20
Exact Location Of Accident	JURONG POINT SHOPPING MALL BASEMENT 1 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8791R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NAH BOON HUI MAX
NRIC No	SXXXX734H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97942315
Alternative Phone No	OTHERS-97942315

### Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 L AT D/AB 2WD 4DR GAS/D NAV (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	DMPCSN30329819000
Cover Note Number	

### Driver

Name of Driver	CHANG MEI KHUAN MARY
NRIC No	SXXXX592A
Date Of Birth	25/12/1969
Occupation	INDOOR
Date Of Driving Pass	26/05/1998
Driving Experience	22 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97942315
Fax Number	
Contact Number	OTHERS-97942315
Email Address	NOEMAIL

Address	351 PASIR PANJANG ROAD #03-11 MURANO
Postcode	118693
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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?	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.	NO
Number of Passengers (Including Driver)	0

#### 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

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 Witness 1

Name	KONG KWEK FON
Phone Number	SECURITY OFFICER
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP506C
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)

## Sketch Plan

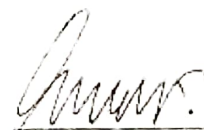
### SKETCH PLAN

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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:

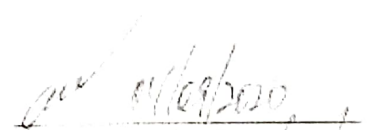
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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 (to include the "Purpose(s)").
- (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 purpose(s).
- (c) My Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party/service providers or agent(s) (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purpose(s).
- (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 purpose(s) 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: 1001 101/013  
NRIC/PI's No: 1001 101/013

## Sketch Plan #2

### SKETCH PLAN



A: SMI 8791R

B: YP 506C

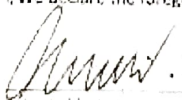
Jurong Point Shopping Mall  
Basement 1 Carpark

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

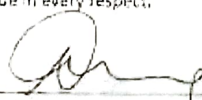
I parked my vehicle at Jurong Point Shopping Mall at  
Basement 1 carpark lot. When I returned back to my  
vehicle at about 12:20pm, I realised my vehicle rear portion was  
damaged and vehicle B had collided into my vehicle. I went  
to look for the security and they witnessed both  
vehicles were in contact. The security officer is Kong Kwok Fon from  
Prosecur Security. I waited for the driver and we both  
agreed to proceed with insurance claim. THE DRIVER OF THE  
LORRY HAS ADMITTED THIS IS HIS FAULT

### DECLARATION

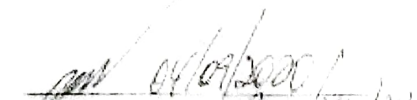
(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature  
Date & Time:



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

  
04/09/2020  
Reporting Centre Personnel's Signature  
Name:  
NR C/T N.O.: