

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 17:15
Date Of Accident	04/09/2020 13:20
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8535L
Insured/Policyholder	
Name Of Registered Owner	KHO CHUNG WAH JAMES (GU SONGHUA)
NRIC No	S7627115A
Email Address	KHOCW@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97695070
Alternative Phone No	OTHERS-97695070

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-2.0 (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?	YES
If No, Please state action to be taken	
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	DMPCSN3084901903
Cover Note Number	22/09/2019 - 21/09/2020

Driver

Name of Driver	KHO CHUNG WAH JAMES (GU SONGHUA)
NRIC No	S7627115A
Date Of Birth	02/09/1976
Occupation	INDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97695070
Fax Number	
Contact Number	OTHERS-97695070
Email Address	KHOCW@YAHOO.COM.SG

Address	25 FERNSVALE RD #11-23 HIGH PARK RESIDENCES
Postcode	797639
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	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : JENNY GENDER: : FEMALE
Passenger 2	NAME: : SARAH GENDER: : FEMALE
Passenger 3	NAME: : INAH GENDER: : FEMALE

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	SHF121H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

1. VEHICLE NO.: SJV85351
2. INSURER CO: Ching
3. ACCIDENT
DATE & TIME: 04/09/2020 @ 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.

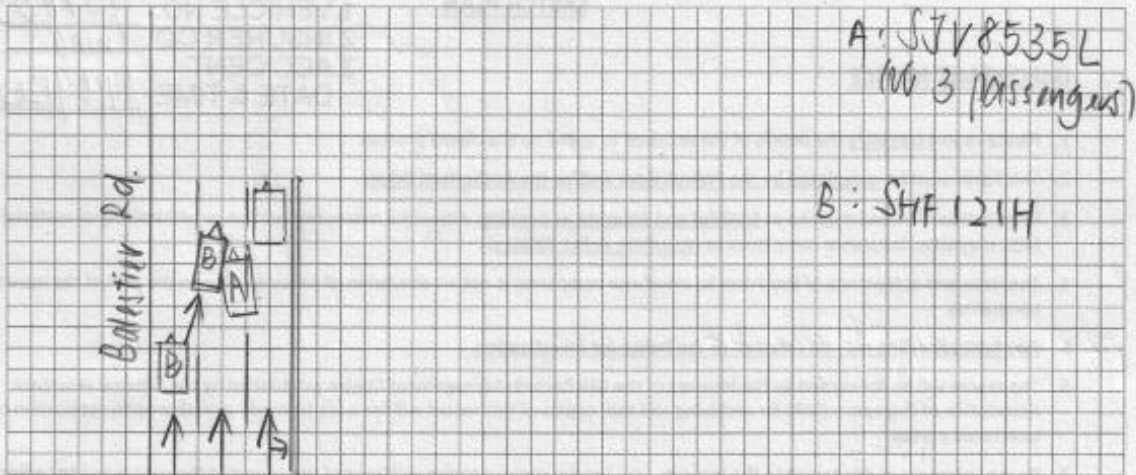
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJV 8535L (China)
Date & Time: 04/09/2020 @ 1320 (raining/wet)
<p>(I was in the middle lane and was cleared (approx. 10 seconds), I then slowly steered into the middle lane. Halfway through, felt an impact and realised my taxi SHF 121H had come at a fast speed & hit into the front LH portion of my vehicle. Upon alighting, we</p> <p><i>James</i> both to</p> <p>We shifted to a side to exchange hp number & left the scene. After the accident, I took out my car camera sd card & realised that prior to the impact, taxi SHF 121H had steered out from the extreme left lane and thus I was not able to see his vehicle. especially when he was tailgating a MPV car.</p> <p>*After the impact, I realised the keyless system of my car could not detect my key to start the car. <i>James</i></p>
<p>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.</p>

DECLARATION

I/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:

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

GIARMC SketchPlanForm_V3

☒ Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

2

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7627115A



Name
JAMES KHO CHUNG WAH
(GU SONGHUA)
古松華

Race
CHINESE

Date of Birth
03-09-1975

Sex
M

Country of Birth
SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number **S7627115A**

Name
JAMES KHO CHUNG WAH
(JAMES GU SONGHUA)

Expiry Date **02 Sep 1998**

Valid From **21 Apr 2000**

1875291



Identity No. **S7627115A**



Date of Issue
12-12-2006


25 FERNVALE ROAD #11-03
HOM PARK RESIDENCES SINGAPORE 707006

NRIC No. **S7627115A** Date **08/02/2008**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLAUSES

Class 3 Motor Cars and Motor Tractors the weight of which when laden does not exceed 3500 kilograms

Valid Until **23 May 1997**



License No. **S7627115A**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

