### 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	16/09/2020 15:45				
Date Of Accident	16/09/2020 13:05				
Exact Location Of Accident	TENGAH CONSTRUCTION SITE(C4C5C6)				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SKW7499Y				
Insured/Policyholder					
Name Of Registered Owner	HANG SWEE HEE				
NRIC No	SXXXX228I				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-90736277				
Alternative Phone No	OTHERS-90736277				
Vehicle Particulars					
Manufacturer	HONDA				
Model	VEZEL				
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	PRIVATE CAR				
Insurance Company					
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	DMPCSN3068221901				
Cover Note Number					
Driver					

Name of Driver HANG SWEE HEE
NRIC No SXXXX228I

Date Of Birth29/11/1967OccupationINDOORDate Of Driving Pass21/06/1993

Driving Experience 27 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90736277

Fax Number

Contact Number OTHERS-90736277

EMail Address NOEMAIL

BLK 803D KEAT HONG CLOSE Address

#06-106

Postcode 684803

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

2

NO

YES

NO

2

NO

NO

**General Information of the Accident** 

SIDE SWIPE Type Of Accident 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KONG SHIK YEE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number WC1728P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE ONG CHENG HWA Name of Driver

NRIC/Passport Number

**Contact Number** 97432017

Address Postcode

Insurance Company Name

Nature Of Damage

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No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

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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:
  - 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/saw 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.

Policholder's Signature

Driver's Agnature

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

STARRAGE Shatabiling Form\_US

## **Individual Statement**

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NRIC/FIN No.:

Date & Time:

SULFIAC StatishFlanForm, VX

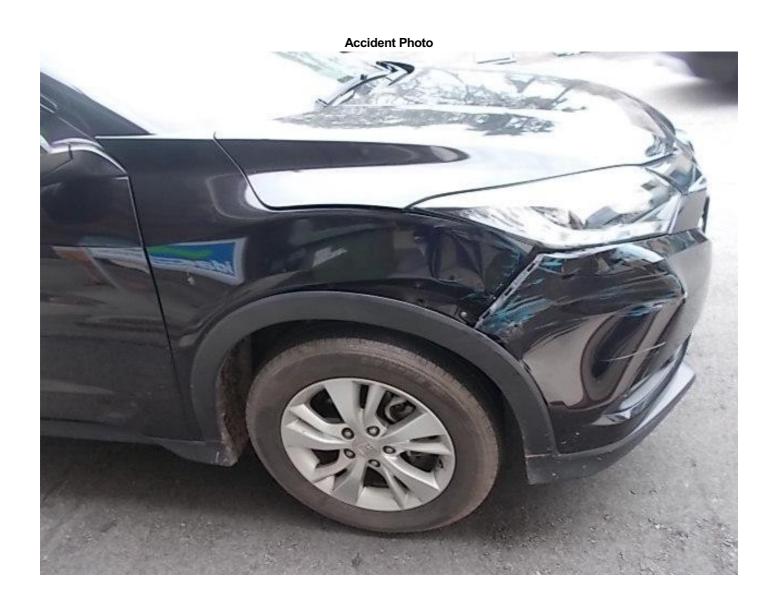


# **Accident Photo**

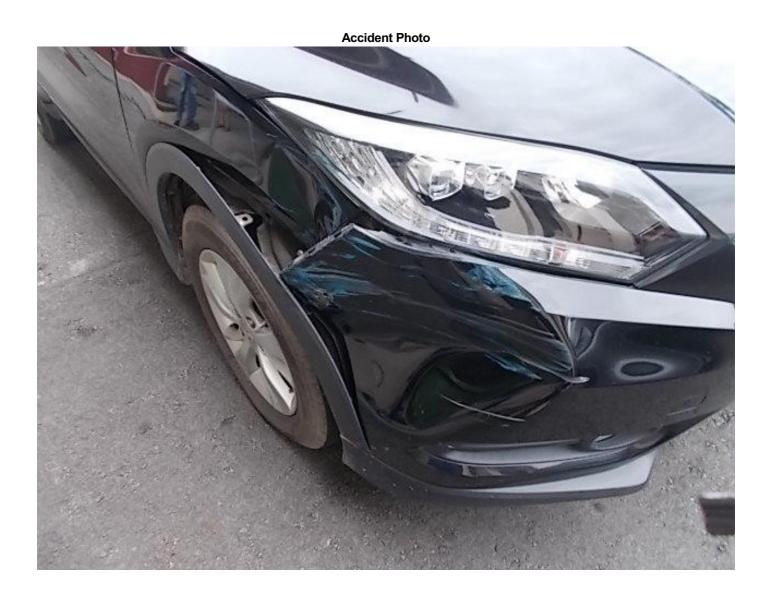












# **Accident Photo**



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