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

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	ACCIDENT STATEMENT	
Date Of Report	01/10/2020 11:09	
Date Of Accident	28/09/2020 15:00	
Exact Location Of Accident	ALONG AYE TOWARDS CHANGI	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGK2176Y	
Insured/Policyholder		
Name Of Registered Owner	TODDS PARTNERS PTE LTD	
Co Reg No	2XXXX317E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97707613	
Alternative Phone No	OFFICE-97430733	
Vehicle Particulars		
Manufacturer	HONDA	
Model	ACCORD	
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMHCSNA00002692000	
Cover Note Number		
Driver		
Name of Driver	SNG AIK HUA. LESLIE (SUN YIHUA)	

Name of Driver SNG AIK HUA, LESLIE (SUN YIHUA)

NRIC No SXXXX263A

Date Of Birth 27/10/1976

Occupation OUTDOOR

Date Of Driving Pass 12/07/2001

Driving Experience 19 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97707613

Fax Number

Contact Number OTHERS-97430733

EMail Address NOEMAIL

BLK 603 YISHUN STREET 61 Address

#03-349

Postcode 760603

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

CHAIN COLLISION 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

4

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO YES

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)

2

NO

NO

NO

NAME: : PASSANGER

GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD5727D Vehicle Make/Model/Colour HONDA CITI

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR TEO YONG HONG

NRIC/Passport Number

Contact Number 98236127

Address

Postcode

Insurance Company Name

FRONT Nature Of Damage

Page 2 of 26

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA1353A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LEE GEK HONG

NRIC/Passport Number

Contact Number 92345766

Address Postcode

Insurance Company Name

Nature Of Damage FRONT AND REAR

No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR5071A

Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage REAR
No. Of Passenger (Including Driver) 1

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 aforesald.
- 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:

Driver's Signature

(If Ariver is not the policyholder)

Pate & Time:

Reporting Centre Personnel's Signature

NDIC/EIN No.

NRIC/FIN No.:

Sketch Plan #2

4	i) SLR 5071A 3) SGK 21764
SKETCH PLAN	1) SHA 1353A 4) SMD 5727D
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اسح	
A 12	
A	[3][2]
DESCRIBE CIRCUMS	STANCES OF THE ACCIDENT
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1	ento 1st car. I was a distance
and her	d managed to stop however the
4th Co	ur behing me could not stop
and be	and auto my car resulting my
car f	o be pushed foward to slightly
touched	I the near of tax). My provide
taken	after the accident would just if
mg &	statement.
DECLARATION I/We declare the for	regoing particulars are true in levery respect
Policyholder's Signat Date & Time:	(If driver is not the policyholder) Name:
GIARIAN Switz Planifiz	Date & Time:











































