# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 01/10/2020 14:37 (SGT) Date of Accident 30/09/2020 15:00 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information **TOWARDS CHANGI** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SGK2176Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TODDS PARTNERS PTE LTD Company Reg No 2XXXX317E Email Address thenzg@gmail.com Mobile Phone No (Phone) +65-97707613 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Accord Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 2354

# **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNA00002692000 Cover Note Number

#### DRIVER

Name of Driver SNG AIK HUA, LESLIE (SUN YIHUA) NRIC No. SXXXX263A

Date Of Birth 26/10/1976 Occupation Outdoor Date Of Driving Pass 12/07/2001 Driving experience 19 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97707613 Alt. Phone Number (Phone) +65-97430733 Email Address thenzg@gmail.com Address BLK 603 YISHUN STREET 61 #03-349 Address complement Postcode 760603 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **HIRER** Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **PASSANGER** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMD5727D Vehicle Manufacturer

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

 Name of Driver
 TEO YONG HONG

 Contact Number
 (Phone) +65-98236127

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage
 FRONT

 Details of property damaged in accident

 No. Of Passenger (Including Driver)
 1

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHA1353A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver LEE GEK HONG Contact Number (Phone) +65-92345766 Address Address complement Postcode Insurance Company Name Nature Of Damage FRONT AND REAR Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Name Gender

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLR5071A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage **REAR** Details of property damaged in accident No. Of Passenger (Including Driver)

# SKETCH PLAN

## **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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- The 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
- 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 personal information 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)
  - 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:
  - 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 C

Driver's Signature

(If driver is not the policyholder)

Pate & Time:

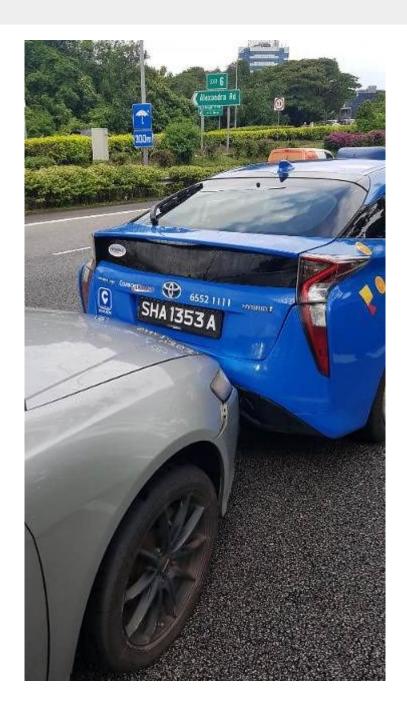
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 0

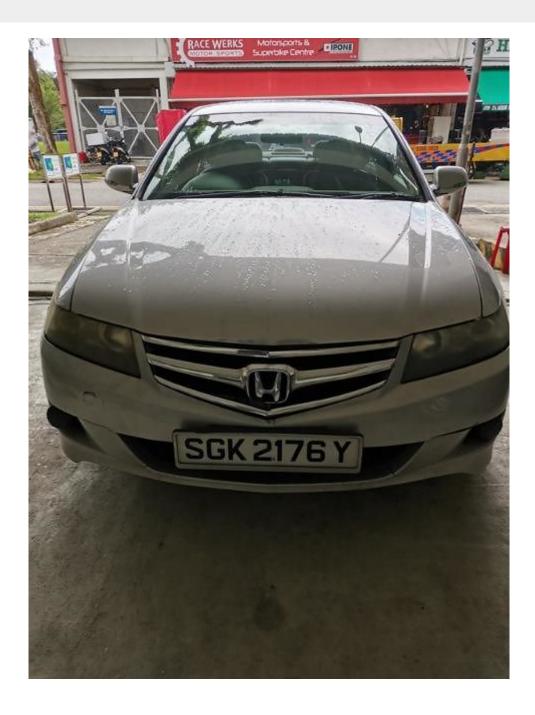
-DIARMA State Dan Farm 3-0

	i)SLR SOTIA 3	)SGK 21764
	1) SHA 1353A	1) SMD 5727D
SKETCH PLAN	2) SHA 122A	)SINO 512 W
÷		
41.4		
- V		
	4 3	
DESCRIBE CIRCUM	ISTANCES OF THE ACCIDENT	
t vacus	driving car nos	3 contle AYE the
0-11	_	
first s	stopped taxi coul	d not stop in time
being	anto 1st car. I	s was a distance
and he	nd managed to	stop however the
4th 0	our behing me	could not Stop
0 1		1200 1 200 1
and b	sound auto my	car regulting my
car f	is be pushed for	ward to slightly
touche	d the near of	tax). My Resotor
taker	after the ac	edect would just if
		7 0
me &	statement.	
DECLARATION  I/We declare the fo	oregoing particulars are true in every respect	land- oiliotasa
Policyholder's Signa Date & Time:	Driver's Signocute (If driver is not the policyholde	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



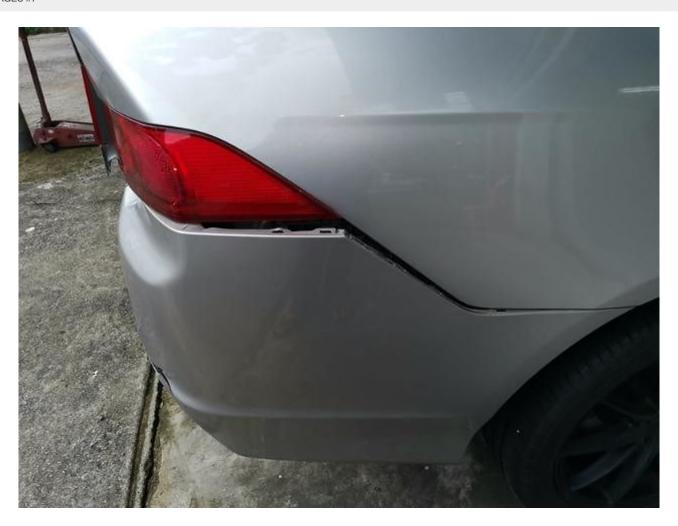














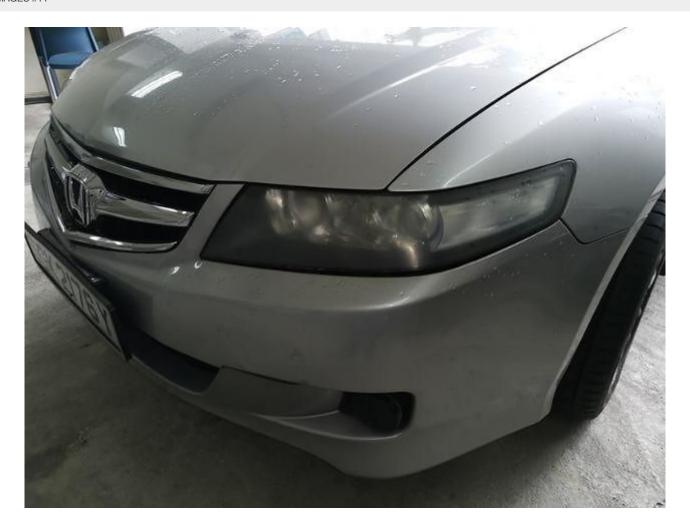




























IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENI	DUM
Original Report No: MAYNO 8550 0 Name (as shown in NRIC): SNG MK (TUA)  (*Vehicle Driver/Vehicle Owner) (*) Please delete as	Vehicle Registration No:SGK_X769 NRIC/FIN/Passport No:SXXXXXX8314
Address:	Singapore (
Date of Accident: 30 CS 2000 Place of Accident: AYK ZOWARDS	Time of Accident: 15:00
Insurance Company:	ent and would like to Include additional Information or
TO JUBRIAN FOMBIL ADDRESS TH	LENZO @ GMAIC. COM
t:	Reporting Centre Personnel's Signature
Policyholder / Driver's Signature Date:	Name: