

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 Submission 31/12/2020 11:34 (SGT)
Date of Accident 27/11/2020 12:30 (SGT)
Exact Location of Accident 51 Grange Rd, Singapore 249564
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME852C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN SHUI XIAN
Passport No/FIN G1659790U
Email Address noemail@contract.com
Mobile Phone No (Phone) +65-88620999
Alternative Phone No +65-88620999

VEHICLE PARTICULARS

Manufacturer Bentley
Model Continental
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00107032001
Cover Note Number -

DRIVER

Name of Driver CHEN SHUI XIAN
Passport No/FIN G1659790U
Date Of Birth 12/04/1987
Occupation Indoor

Date Of Driving Pass	17/03/2017
Driving experience	3 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88620999
Alt. Phone Number	+65-88620999
Email Address	noemail@contract.com
Address	99 ROBINSON QUAY #28-12
Address complement	-
Postcode	238258
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ8961E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NORHISHAM BIN OSMAN
NRIC No	S7023973F
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
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6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident

Date: 27/11/2020 Time: 1230

Exact Location of Accident

ALONG GRANGE ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME 852C

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

CHAN SHUIXIAN

Personal Identification - NRIC (Singaporean/PR)

G16597904

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer BENTLEY Model G7

Type of Vehicle*

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____

Exact Purpose for which vehicle was being used at time of accident

SOCIAL

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☒ No (If No, PLS select: ☐ Third Party ☒ Reporting)

Vehicle Category*

☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

CHINA TAIPING

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

DMPCSNW00127032001

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver

CHAN SHUIXIAN

Personal Identification - NRIC (Singaporean/PR)

G16597904

- FIN/Passport Number

Date of Birth

12 dd/ 04 mm/ 1987 yy

Driving Date Pass

17 dd/ 03 mm/ 2017 yy

Year of Driving Experience

Year(s)

Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☐ Male ☒ Female

Contact Number / Mobile Phone / Fax No.

8862 0999

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Address of Driver	99 ROBINSON QUAY #08-12		Postcode ()
Email Address	←		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	OWNER		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD-ON		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	01		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	/		
Police Station Address			
Police Station Contact			
Was notice of intended Prosecution given?			
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SW8961E		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	KORHSHAM BIN OSMAN		
Personal Identification - NRIC (Singaporean/PR)	SF023973F		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

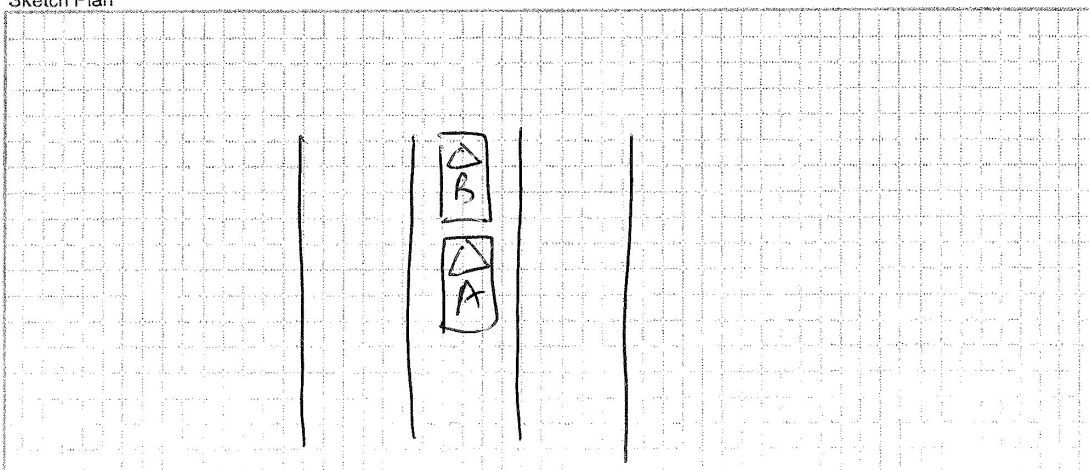
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Notify for green light at orange road. Once green light on, released the brake pedal slightly, moved forward & touch the car in front.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel