

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 19/03/2021 13:57 (SGT)
Date of Accident 18/03/2021 15:30 (SGT)
Exact Location of Accident Irrawaddy Rd & Sinaran Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE1350B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FERNANDEZ JANINE ANN
NRIC No SXXXX416A
Email Address jan.ann.fern@hotmail.com
Mobile Phone No (Phone) +65-97815191
Alternative Phone No +65-97815191

VEHICLE PARTICULARS

Manufacturer Porsche
Model Cayenne
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 3598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNA00022952001
Cover Note Number -

DRIVER

Name of Driver FERNANDEZ JANINE ANN
NRIC No SXXXX416A

| | |
|--|--------------------------|
| Date Of Birth | 15/02/1974 |
| Occupation | Indoor |
| Date Of Driving Pass | 30/10/2007 |
| Driving experience | 13 YEARS AND 5 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97815191 |
| Alt. Phone Number | +65-97815191 |
| Email Address | jan.ann.fern@hotmail.com |
| Address | BLK 47 MARINE CRESCENT |
| Address complement | #05-60 |
| Postcode | 440047 |
| 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 | Side Swipe |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-----------|
| Name | JUNE FONG |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------------|
| Name | ARYANNA RAFI |
| Gender | Female |

PASSENGER 3

| | |
|--------------|-------------|
| Name | GIANNA RAFI |
| Gender | Female |

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

AT AROUND 3.30PM,I WAS ON IRRAWADY RD.WHEN I WAS DRIVING STRAIGHT I NOTICED A LORRY(B) BESIDE ME GOING QUITE FAST.I SLOWED DOWN TO OBSERVE HIM.HE DIDN'T ON ANY SIGNAL.AS I MOVED FORWARD AT THE JUNC OF SINARAN DR SUDDENLY VEH B SWERVED INTO MY LANE.I DID TRY TO AVOID VEH B BY BRAKING AND SWERVED TO THE RIGHT BUT VEH B RIGHT SIDE JUST AFTER PASSENGER CABIN STILL HIT MY VEH ON MY LEFT SIDE PORTION.VEH B WAS ON THE STRAIGHT LANE ONLY WHILE I WAS ON A STRAIGHT LANE & TURNING RIGHT LANE.THE DRIVER OF VEH B TOLD ME HE WAS RUSHING TO PICK HIS WIFE AND WAS TALKING TO HER ON THE PHONE.THE IMPACT WAS HARD CAUSING MY INCAR CAMERA TO FALL.

ATTACHMENT(S)

| | |
|---|-------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | HAVEN'T RETRIEVE. |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | GBH2176Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | LEK YONG MENG |
| NRIC No | SXXXX223C |
| Contact Number | (Phone) +65-90446818 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | FERNANDEZ JANINE ANN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SKE1350B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

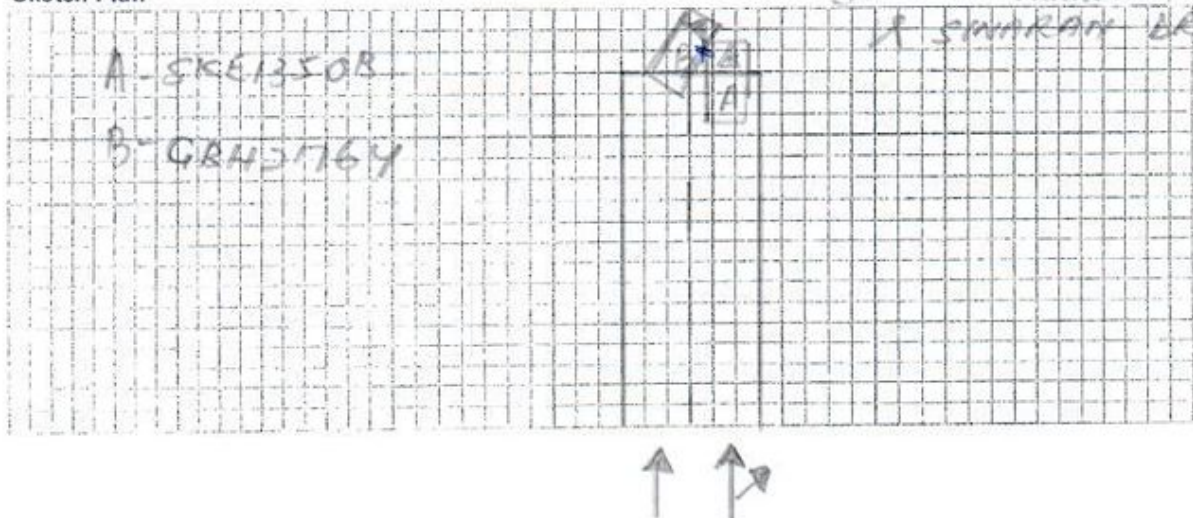
SKETCH PLAN

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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 :
(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.

| | | |
|--|---|--|
| <p><i>gh</i> 19/3/2021</p> <p>Policyholder's Signature / Date & Time</p> | <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> | <p><i>gh</i> 19/03/21</p> <p>Witnessed by Reporting Centre Personnel</p> |
|--|---|--|

Sketch Plan




Describe Circumstances of the Accident


At around 330pm, I was on Irrawaddy Road. When I was driving straight I noticed a lorry beside me and going quite fast. I slowed down to observe him. He didn't have any signal. As I moved forward he suddenly swerved right. I did try to avoid his lorry by braking and swerving to the right but his lorry still hit my vehicle on the ~~right~~ left. The lorry was on a ~~straight~~ straight lane while I was on a straight and turning right lane. He did tell me later that he was rushing to pick his wife and was talking to her on the phone. (right side just after passenger cabin.) The impact was hard causing my rear camera to fall.

Declaration

We declare the foregoing particulars are true in every respect.

 19/3/2021
Policyholder's Signature / Date & Time

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

 19/03/21
Witnessed by Reporting Centre Personnel





















