

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 ability.
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 Report	27/04/2018 17:49
Date Of Accident	26/04/2018 18:15
Exact Location Of Accident	BUKIT BATOK RD TWDS BRICKLAND RD BEHIND DULWICH CO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6910B
Insured/Policyholder	
Name Of Registered Owner	MR CHUA CHIN MAO
NRIC No	S1766316Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98571669
Alternative Phone No	OTHERS-98571669

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	DMPCSN3017131800
Cover Note Number	

Driver

Name of Driver	MR CHUA CHIN MAO
NRIC No	S1766316Z
Date Of Birth	05/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98571669
Fax Number	
Contact Number	OTHERS-98571669
Email Address	NOEMAIL

Address	BLK 817C KEAT HONG LINK #19-123
Postcode	683817
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	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG BUKIT BATOK RD TWDS BRICKLAND RD ON EXTREME RIGHT LANE OF 3-LANES CARRIAGEWAY. SOMEWHERE BEHIND DULWICH COLLEGE, VEH B ON THE CENTER LANE OUT OF SUDDEN FILTERED TO THE RIGHT ENCROACHING ONTO MY PATH WITHOUT ANY SIGNAL. AS A RESULT VEH B RIGHT REAR PORTION COLLIDED ONTO MY LEFT FRONT PORTION. THEREAFTER WE EXCHANGED PARTICULARS.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ6549P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR IZZIANA BINTE KAMARUDDIN
NRIC/Passport Number	
Contact Number	91190356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:
 - (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 making 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 the 3rd party service providers (agents) including the 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 (a), 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 driver is not the policyholder)
Date & Time:

Report Centre Personnel's Signature
Name
NRIC No.

Individual Statement

BUCKET RATED AT 10,000 LBS. WEIGHT OF BUCKET FULL OF GROUND
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along State Road 1000 towards the south. I was in the right lane of a 2-lane road. A dump truck (vehicle A) was in the center lane, and it suddenly shifted to the right lane, crossing into my path without any signals. As a result, vehicle A's right rear corner collided with my left front corner. Vehicle A's driver was not injured.

DECLARATION

I/We declare the foregoing particulars are true to the best of my/our knowledge.

Report Holder's Signature
Date & Time

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

Signature 07/04/18
Report Holder's Signature
Name:
N/A CHIN 10

Accident Photo



Accident Photo



Accident Photo



Accident Photo



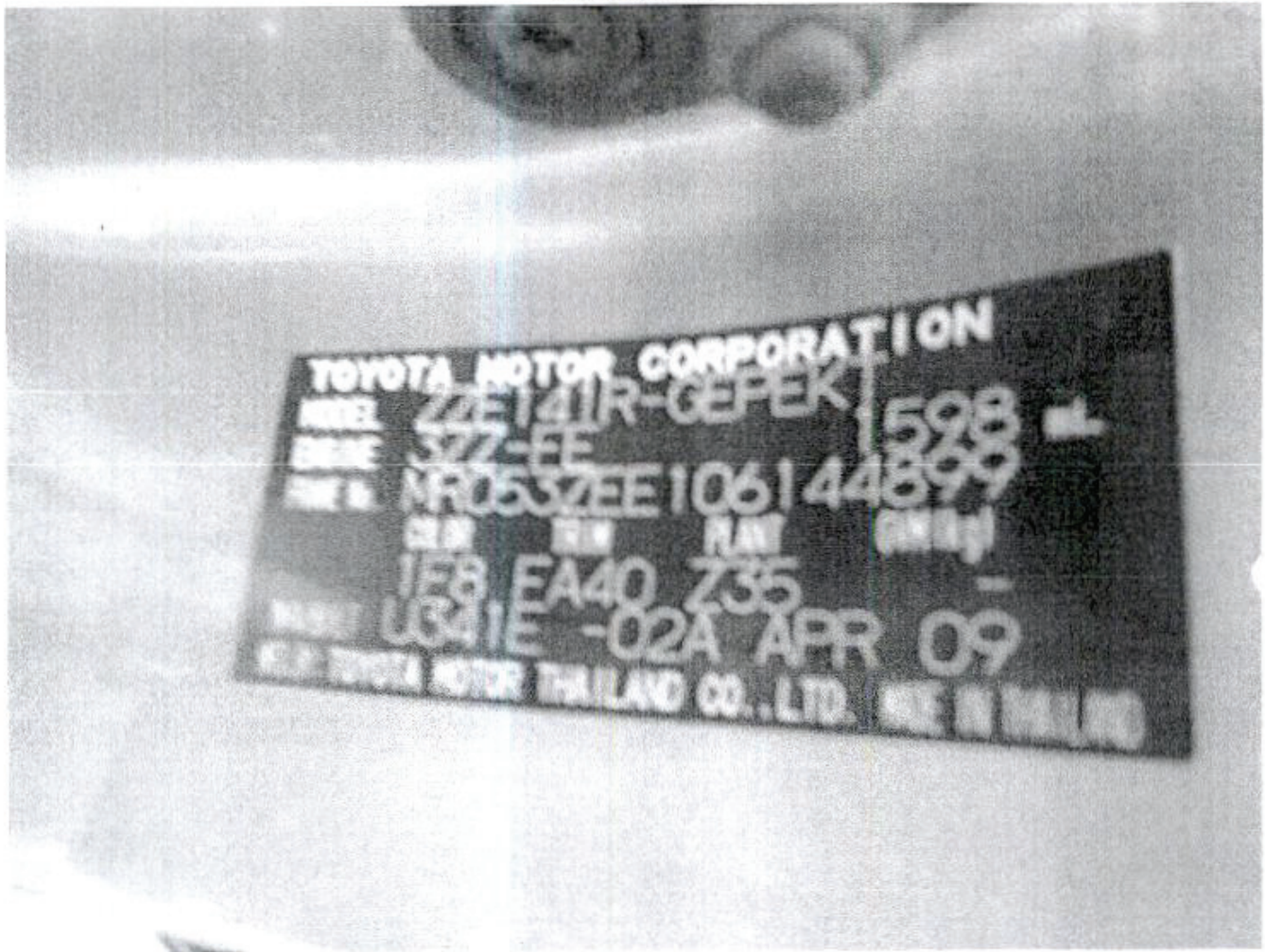
Accident Photo



Accident Photo



Accident Photo



Accident Photo



