# **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.

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   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 16/08/2021 18:01 (SGT) Date of Accident 14/08/2021 19:47 (SGT) Exact Location of Accident Holland Rd, Singapore Additional Location Information JUNCTION OF FARRER ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMZ3473H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SG CAR CHOICES 2 PTE LTD Company Reg No 2XXXX987N Email Address reporting@mycar.sg Mobile Phone No (Phone) +65-97488608 Alternative Phone No +65-97488608

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model A200 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Commercial vehicle Transmission Auto CC 1984

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00003842100 Cover Note Number

#### DRIVER

Name of Driver PAMELA LIM YIN LING NRIC No. SXXXX069F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	13/05/1971 Indoor 26/05/2009 12 YEARS AND 3 MONTHS Female (Phone) +65-97488608 - reporting@mycar.sg BLK 10E BEDOK SOUTH AVENUE 2 #10-552 - 464010 No OWNER No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 3
PASSENGER 1	
Name Gender  PASSENGER 2	UNKNOWN Female
Name Gender	UNKNOWN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
I TURN AND STRAIGHTENED MY CAR AT SPEED AROUND 50 BUMPED INTO MY LEFT FRONT AND NEAR THE LIGHTS AND THE EMERGENCY BRAKE. THEN PASSENGER IN MY CAR, MY	INTO FARRER ROAD. MY CAR WAS AT THE RIGHT MOST LANE KM/H. THEN A WHITE MAZDA SUDDENLY CAME FROM BEHIND DRIVER SWERVE BACK AND SPEED OFF. I STOP BY STEPPING Y AUNT TOLD ME TO GIVE CHASE. I SAW THE CAR STOPPING RIEND AND I WENT OVER AND TO ENGAGE THE LADY DRIVER. D BUMPING INTO OUR CAR.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SGF5333S
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	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 7. By the bigarrent of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Consent under the Personal Data Protection Act (PDPA)
- ) understand, solonow sogs, 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 florm and any other personal information provided by the or possessed by my insurer (collectively the "Personal Information") and disober and transfer such Personal Information to all insurer(s) with have haured vehicle(s) throlved in this accident (all insurer(s) with have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' law years faw 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 desing with my claims including the settlement of the claims and any necessary investigations relating to
- :amisio ym to/bns trabiods att gribgitsevri (ii)
- (B) carrying out and/or dealing with my instructions or responding to any enquiries by me:
- (iv) administrance my claims (including the making of correspondence, statements, involces, reports or notices to me, which could involve disclosure of pertain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable law in comhistering, processing, handing and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this applient and the hauters' 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 tawyers/aw fams), which may be sited outside of Shigapore, for one or more of the above Purposes.

Policyholders Signature / Date & Driver's Signature (f driver's not the policyholder) / Date Wanessed by Reporting Contre & Time Personnel Sketch Plan HOLLAND RD A-SMZ3473H 8 SGF53338

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