

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 29/09/2021 16:41 (SGT)
Date of Accident 29/09/2021 10:00 (SGT)
Exact Location of Accident Changi Village Rd, Singapore
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGQ7366B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BERINA BERNADETTE
NRIC No SXXXX478Z
Email Address SHEARMAINES@GMAIL.COM
Mobile Phone No (Phone) +65-97936759
Alternative Phone No +65-97936759

VEHICLE PARTICULARS

Manufacturer Honda
Model Airwave
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
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00137562101
Cover Note Number -

DRIVER

Name of Driver SOON SHER MAINE
NRIC No SXXXX221E

Date Of Birth	19/08/1985
Occupation	Indoor
Date Of Driving Pass	07/06/2005
Driving experience	16 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93677679
Alt. Phone Number	-
Email Address	SHEARMAINES@GMAIL.COM
Address	BLK 101 PASIR RIS STREET 12 #02-05
Address complement	-
Postcode	510101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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 STATEMENT.

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	SMT372S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LISA
Contact Number	(Phone) +65-85184368
Address	-
Address complement	-

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


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.

 Policyholder's Signature / Date & Time 29/9/21, 3pm	 Driver's Signature (If driver is not the policyholder) / Date & Time 10/5 29/9/21, 3pm	 Witnessed by Reporting Centre Personnel
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Sketch Plan



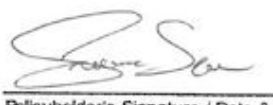
lots

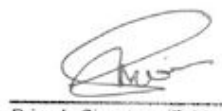
Describe Circumstances of the Accident

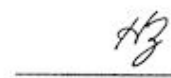
On 29/9/21 at about 10am, I went back to the carpark to pick up my car (A) and I saw a note on the front windscreen. I found out that someone has hit my car. I called the lady and she asked me to claim against her insurance for the repair.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 29/9/21, 3pm


 Driver's Signature (If driver is not the policyholder) / Date & Time
 29/9/21 3pm


 Witnessed by Reporting Centre Personnel

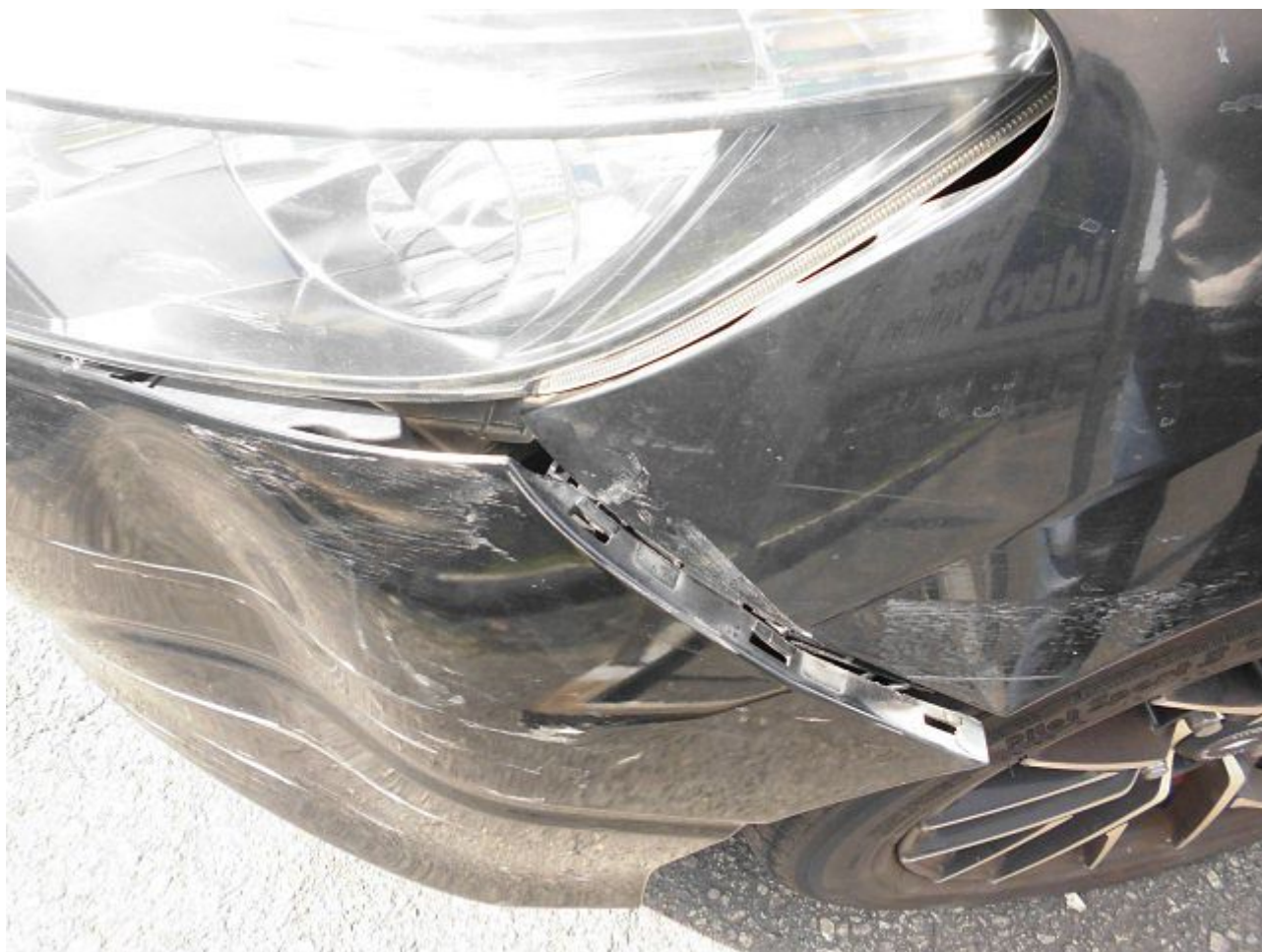






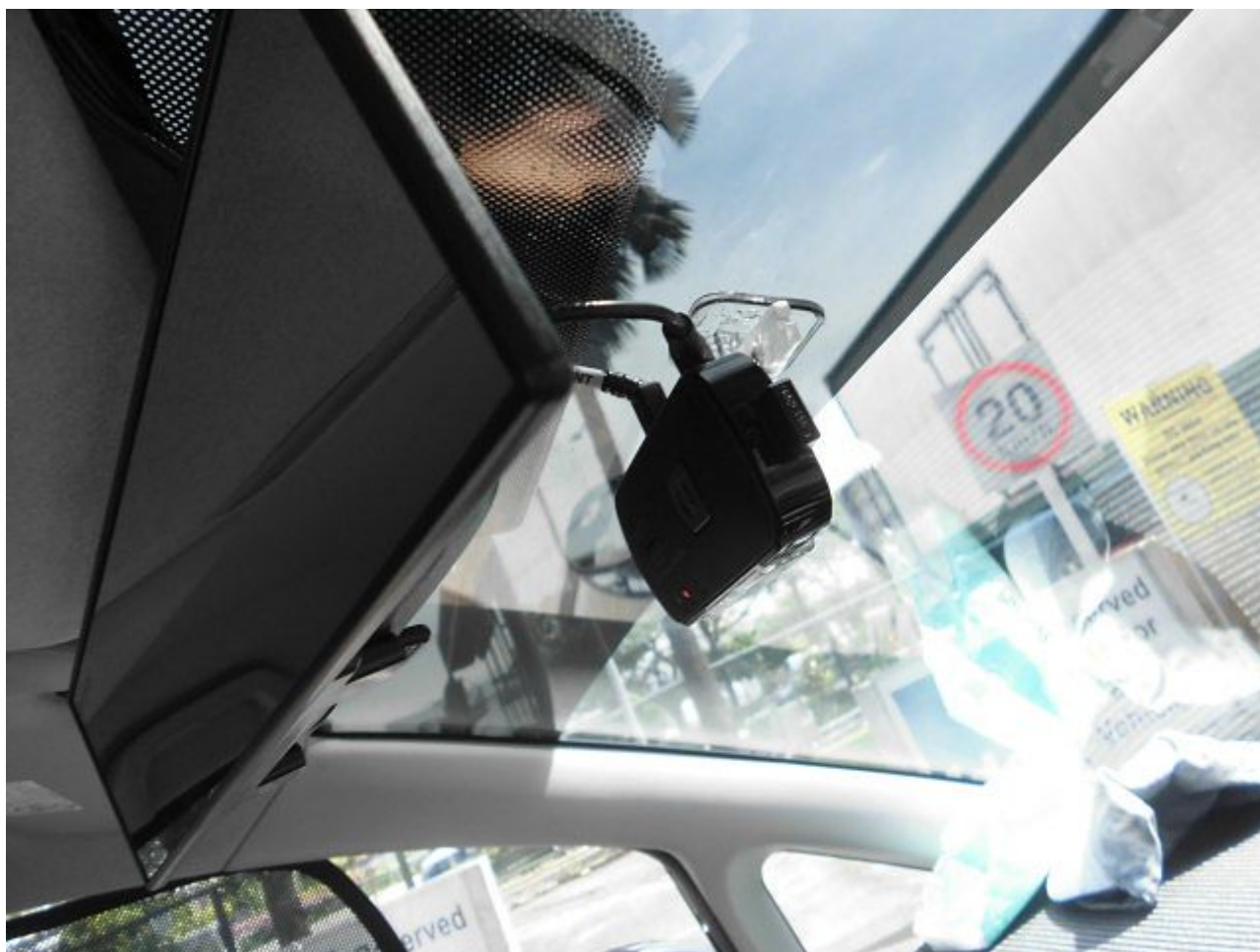


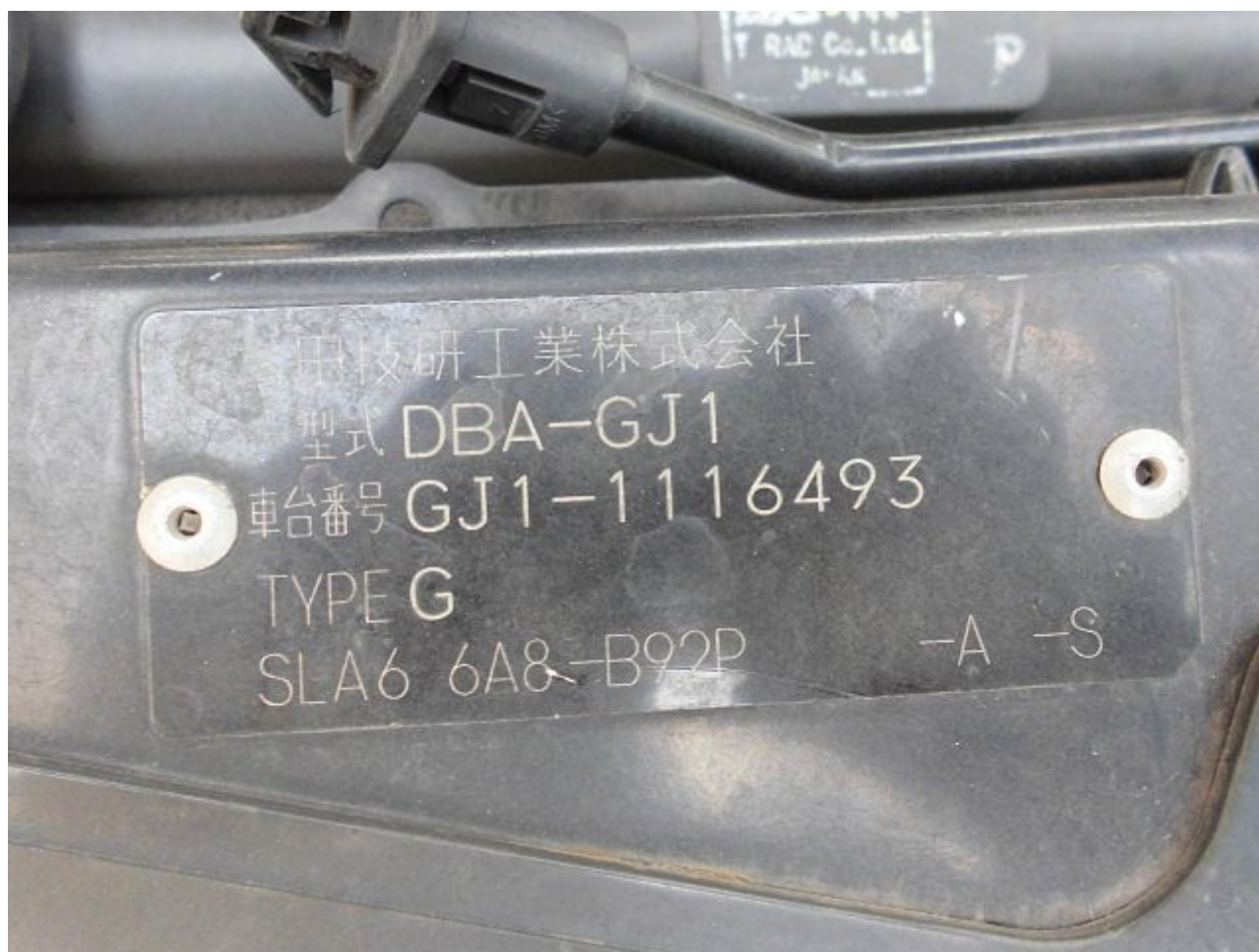














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09219T0005 Vehicle Registration No: SGQ7366B
 Name (as shown in NRIC): SOON SHER MAINE NRIC/FIN/Passport No: SXXXX221E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 101 PASIR RIS STREET 12 #02-05 Singapore (51010)
 Contact (Tel): _____ Mobile No.: 93677679
 Email Address: SHEARMAINES@GMAIL.COM
 Date of Accident: 29/09/01 Time of Accident: 10:00
 Place of Accident: CHANGI VILLAGE RD CARPARK
 Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM TP CLAIMS TO REPORTING ONLY

Policyholder / Driver's Signature
 Date: 1/10/2021

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____