

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	02/11/2021 16:24 (SGT)
Date of Accident	01/11/2021 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREENWOOD AVE TWDS CONDO GREENWOOD NEWS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5358P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DIPINGXIAN SERVICES
Company Reg No	5XXXX579J
Email Address	privatebillyw@gmail.com
Mobile Phone No	(Phone) +65-93897293
Alternative Phone No	+65-93897293

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00009512100
Cover Note Number	-

DRIVER

Name of Driver	WANG BILLY
NRIC No	SXXXX658C

Date Of Birth	19/08/1972
Occupation	Outdoor
Date Of Driving Pass	10/07/2006
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93897293
Alt. Phone Number	-
Email Address	privatebillyw@gmail.com
Address	BLK 491D TAMPINES STREET 45
Address complement	#09-232
Postcode	523491
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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

PLS REFER TO THE ATTACHED 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	SLT8807P
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

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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 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.

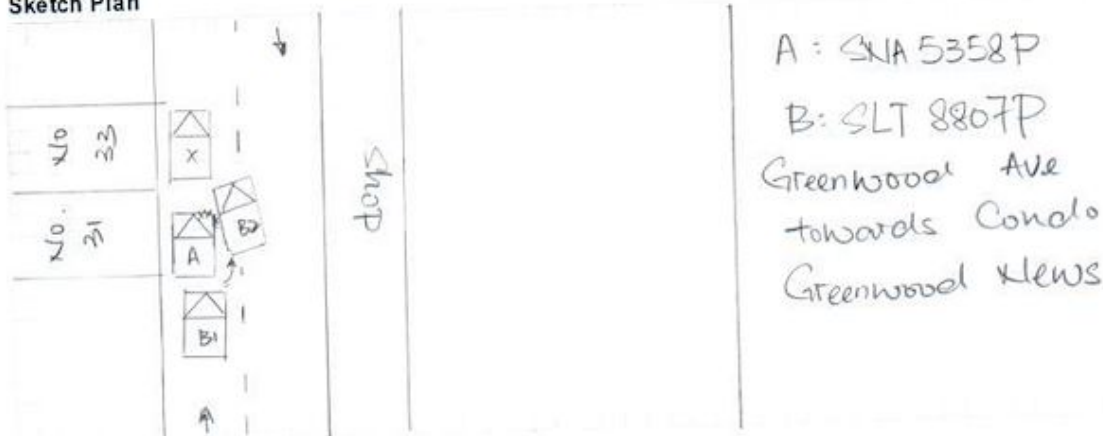
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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 CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along the Greenwood Ave towards Condo Greenwood News.

Vehicle (school bus) in front of me slowed down and stopped, I follow suit. When the infront vehicle start moving, I proceed too. Suddenly, Veh B overtake and encroached into my lane collided onto front right portion of my vehicle and caused damages.

Both of us alighted, vehicle b apologised to me and admitted his fault

Initially, veh "b" wish to compensate me however we cannot come into agreement with the repair costs, therefore we decide to proceed with insurance claims

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:


02/11/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:







