

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 Actual 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	15/11/2022 16:44 (SGT)
Reported by	Driver
Date of Accident	14/11/2022 18:30 (SGT)
Exact Location of Accident	400 Orchard Rd, Singapore 238875
Additional Location Information	MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1996M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RUSSEL DYLAN LEE
NRIC No	S9524686I
Email Address	d.baka-russell@hotmail.com
Mobile Phone No	(Phone) +65-88667667
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00098532200

DRIVER

Name of Driver	LEE SENG KIM
NRIC No	S0606998C
Date Of Birth	04/12/1949
Occupation	Indoor

Date Of Driving Pass	11/05/1973
Driving experience	49 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94554933
Alt. Phone Number	-
Email Address	melvinlsk@gmail.com
Address	BLK 627 WOODLANDS AVE 6 #10-860
Address complement	-
Postcode	730627
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

ON 14/11/2022 AT ABOUT 1830HRS.I WAS DRIVING AT ORCHARD TOWERS MULTI STOREY CAR PARK. I WANTED TO PARK MY VEHICLE AND I REVERSE CAR THEN FOUND THAT MY CAMERA LENS WAS VERY BLUR.I THEN ALIGHT TO CLEAR MY LENS. WHEN I RETURN TO MY CAR.I SWIFT THE REVERSE GEAR AND MY CAR LOSS CONTROL AND COLLIDED ONTO VEHICLE B.AFTER THE COLLISION MY CAR COUNTINUE MOVING FORWARD AND HIT ONTO VEHICLE C.I WISH TO STATE THAT AT THAT POINT OF TIME.VEHICLE C DRIVER'S SIDE DOOR WAS OPEN AND MY DRIVER'S SIDE WAS OPEN WHEN I REVERSE AND HIT ONTO THE CONCRETE PILLAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA4284A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DEN
Contact Number	(Phone) +65-90740448
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SND5803E
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 PLANIMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

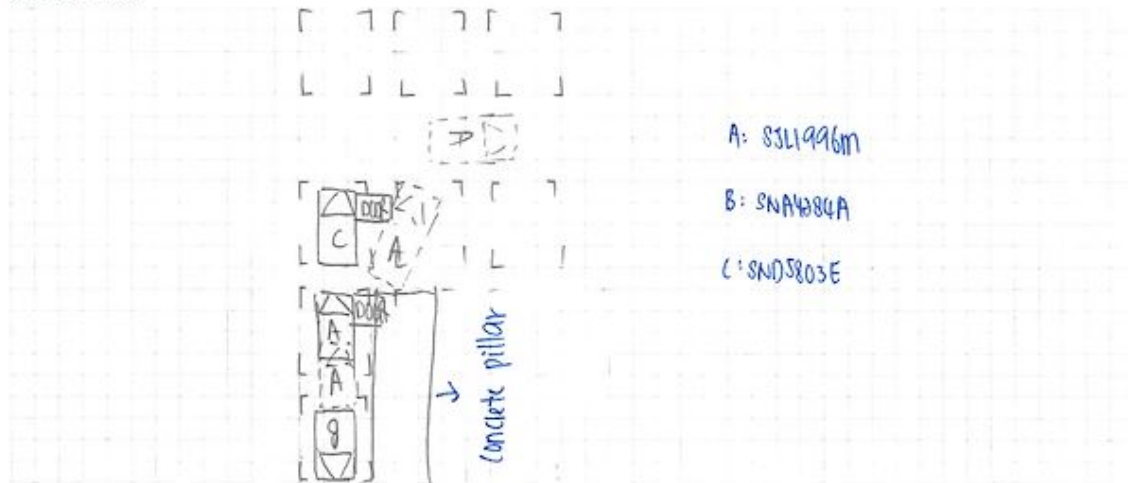
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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 (d) 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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/11/2022 at about 1830hrs. I was driving at Orchard Towers Multi Storey car park. I wanted to park my vehicle and I reverse my car then found that my camera lens was very blur. I then align my car to clear the lens. When I return to my car, I shift to the reverse gear and my car loses control and hit onto vehicle B. After the collision my car continue moving forward and hit onto vehicle C. I wish to state that at that point of time, vehicle C driver's side door was open and my driver's side was open when I reverse and hit onto the concrete pillar.


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:

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



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE CO., LTD. (SINGAPORE)

CERTIFICATE OF INSURANCE

1. 被保险人 (Insured)	2. 承保金额 (Sum Insured)	3. 险别 (Type of Insurance)
1. 中国太平保险(新加坡)有限公司 (China Taiping Insurance Co., Ltd. (Singapore))	2. 10,000,000.00 (Ten Million Dollars)	3. 机动车辆保险 (Motor Vehicle Insurance)
4. 被保险人姓名 (Insured Name)	5. 被保险人地址 (Insured Address)	6. 被保险人电话 (Insured Phone)
4. 中国太平保险(新加坡)有限公司 (China Taiping Insurance Co., Ltd. (Singapore))	5. 新加坡 (Singapore)	6. 6389 6111
7. 承保日期 (Insurance Period)	8. 承保地点 (Insurance Location)	9. 承保人 (Insurer)
7. 自 2014 年 1 月 1 日起至 2014 年 12 月 31 日止 (From Jan 1, 2014 to Dec 31, 2014)	8. 新加坡 (Singapore)	9. 中国太平保险(新加坡)有限公司 (China Taiping Insurance Co., Ltd. (Singapore))

We hereby certify that the above information is true and correct, and that the insured has paid the premium for the above insurance.

I/We hereby Certify that the above information is true and correct, and that the insured has paid the premium for the above insurance.

Signature of Insured: _____

Date: _____

Signature of Insurer: _____

Date: _____

6389 6111























