

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 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 12/12/2022 18:23 (SGT) Reported by Date of Accident 10/12/2022 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information BENDEMEER ROAD TOWARDS JALAN BESAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SNE5760P**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM KENG HOCK NRIC No SXXXX027I Email Address meiying1909@ymail.com Mobile Phone No (Phone) +65-96924221 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Byd Model BYD / E6 (ME-2) 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 70

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00078692200

DRIVER

Name of Driver LIM KENG HOCK NRIC No SXXXX027I Date Of Birth 12/01/1980 Occupation Indoor

Date Of Driving Pass 17/08/2020 Driving experience 2 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96924221 Alt. Phone Number Email Address meiying1909@ymail.com Address APT BLK 167C PUNGGOL EAST Address complement #10-395 Postcode 823167 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACH STATEMENT. 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 PC6169C

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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- 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.
- 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.
- (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.

(12/12/2022

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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Sketch Plan

BENDEMEER POAD TOWARDS JALAN RECARE

A-SNESTGOP

B-PC 6169C

VJun2022

sibe Circumstance of the Accident		
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Rosen turnled	to switch lane to my right as	id there was quinn
Road, I wanted in the second lane long, on my Right	Lil 7 did and see the mini	bus which was a file
	f the long. When I switch the	e lane, that mini
Right hand side o	f the long. When I switch the	e idie , great mini
bus came through r	my night side it hit on my to	ont right of my
vehicle.		
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	Section 2	
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Declaration		
We declare the foregoing particulars a	are true in every respect.	
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( right)		dimen 12/12/
olicyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder)	Witnessed by Reporting Centre Personnel
	/ Date & Time	(Name as in NRIC/ID card)



















