

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	15/12/2022 14:38 (SGT)
Reported by	Both
Date of Accident	14/12/2022 15:30 (SGT)
Exact Location of Accident	448 Clementi Ave 3, Singapore 120448
Additional Location Information	MARKET AND FOOD CTR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK9831E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MIURA ASANO
NRIC No	SXXXX868Z
Email Address	angroger@acot.com.sg
Mobile Phone No	(Phone) +65-96687631
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00229002201

DRIVER

Name of Driver	MIURA ASANO
NRIC No	SXXXX868Z
Date Of Birth	18/06/1969
Occupation	Indoor

Date Of Driving Pass	12/12/2006
Driving experience	16 YEARS
Gender	Female
Mobile Number	(Phone) +65-96687631
Alt. Phone Number	-
Email Address	angroger@acot.com.sg
Address	10 JALAN MAS PUTEH
Address complement	-
Postcode	128616
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2293M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HE ZHIHUI
Contact Number	(Phone) +65-98517068

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.

Chen 15/12/2022

Policyholder's Signature / Date & Time

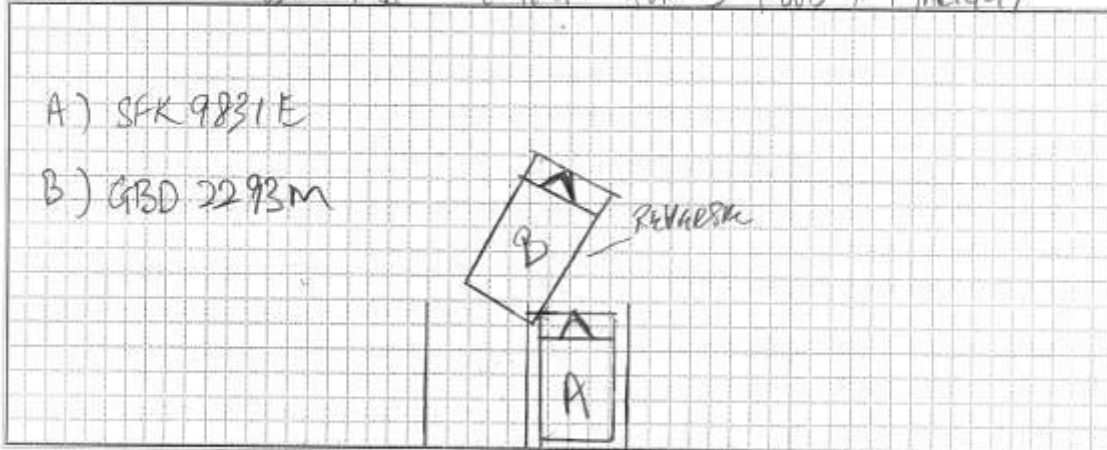
14:25

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

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

Sketch Plan

BLK 448 CLAMMART AVENUE 3 FOOD & MARIGAT



vJun2022

Describe Circumstance of the Accident

My car was parked Clementi Food Market car park.
 When I return to my car I realized that my left side headlight ^{and bumper} was damage. after a while the driver of vehicle GBD 2293M told me that when he was reversing his car he knock into my car and he will pay for the damage.
 But today 15/12/22 morning he asked me to make insurance claim.

Declaration

I/We declare the foregoing particulars are true in every respect.

Chen 15/12/2022
 Policyholder's Signature / Date & Time
 14:25

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

15/12/2022
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



















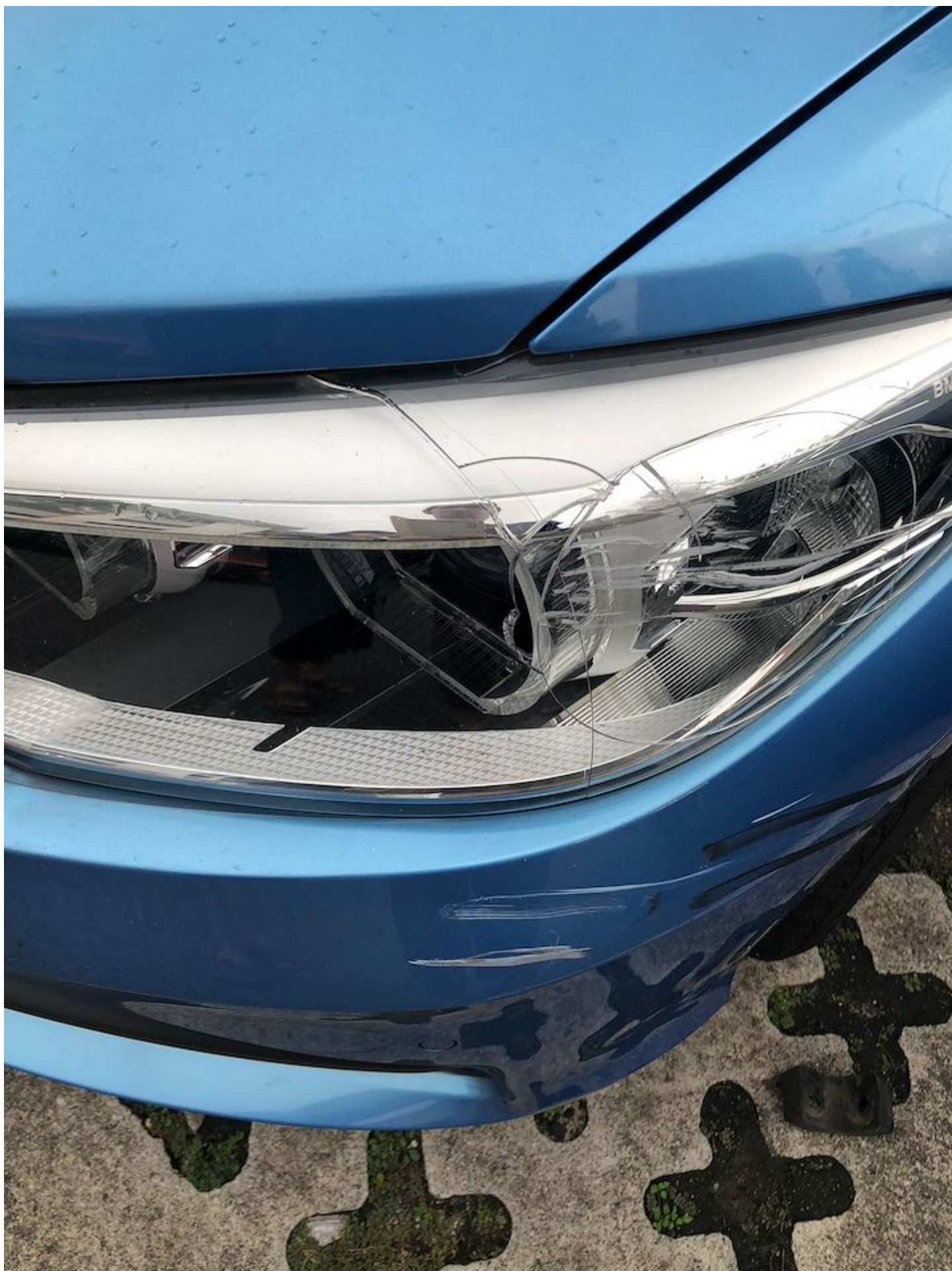


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822CF0007 Vehicle Registration No: SFK 9881E
 Name (as shown in NRIC): MAURA ARABIA NRIC/FIN/Passport No: SXXXXX68Z
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9668 7631
 Email Address: _____
 Date of Accident: 14/12/2022 Time of Accident: 15:30
 Place of Accident: BK 458 CLAMARTI FOOD CTR
 Insurance Company: CHINA TIAN AN

(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:

THIRD PARTY VEHICLE NUMBER SHOULD BE GBD2293M &
NOT SLX116X.

Chai 15/12/2022
 Policyholder / Actual Driver's Signature
 Date:

[Signature] 15/12/2022
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: