

# 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 First Submission .....	31/08/2024 12:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/08/2024 06:30 (SGT)
Exact Location of Accident .....	596 Ang Mo Kio Street 52, Singapore 561596
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ424T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN CHEE LENG
NRIC No .....	S7102819D
Email Address .....	sinotamp@yahoo.com
Mobile Phone No .....	(Phone) +65-97950694
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1590
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00002392403

### DRIVER

Name of Driver .....	TAN JIN KEE
NRIC No .....	S0021085D
Date Of Birth .....	17/06/1955
Occupation .....	Outdoor
Driving Pass Date .....	24/08/1977
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	47 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97846720
Alt. Phone Number .....	-
Email Address .....	sinotamp@yahoo.com
Address .....	520 ANG MO KIO AVENUE 5 #07-4224
Address complement .....	-
Postcode .....	560520
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	7
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	TAM KWAI HIONG
Gender .....	Female

#### 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 31/08/2024 AT ABOUT 0630HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SKZ424T ENROUTE FROM 596 ANG MO KIO STREET 52 MULTI STORY CARPARK DECK 3A TO CHINATOWN MARKET FOR PERSONAL PURPOSES. WHILE DRIVING DOWN THE RAMP FROM DECK 3A TO DECK 2B, MY SUDDENLY ACCELERATED AND THE FRONT LEFT OF MY VEHICLE BRUSHED AGAINST THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER PD1492X (LOT 90), THE FRONT OF VEHICLE (C) BEARING REGISTRATION NUMBER SGF6686S (LOT 91) AND THE FRONT OF VEHICLE (D) BEARING REGISTRATION NUMBER SLR1714E (LOT 92). MY VEHICLE THEN GO TO THE RIGHT AND THE FRONT OF MY VEHICLE HIT ONTO THE FRONT LEFT OF VEHICLE (E) BEARING REGISTRATION NUMBER SLU8496Y (LOT 109). VEHICLE (E) MOVED DUE TO THE IMPACT AND THE FRONT RIGHT OF VEHICLE (E) HIT ONTO THE FRONT LEFT AND LEFT DOORS OF VEHICLE (F) BEARING REGISTRATION NUMBER SLM5660B (LOT 110), VEHICLE (F) MOVED DUE TO THE IMPACT AND THE FRONT RIGHT OF VEHICLE (F) HIT ONTO THE FRONT LEFT OF VEHICLE (G) BEARING REGISTRATION NUMBER SGZ9909A. NOBODY WAS INJURED. TP WAS ON SCENE.

#### 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 ..... PD1492X  
Vehicle Manufacturer ..... Nissan  
Vehicle Model ..... Nv350  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SGF6686S  
Vehicle Manufacturer ..... Nissan  
Vehicle Model ..... X-trail  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SLR1714E  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... Wish  
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SLU8496Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Hr-v
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-88870881
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 5

Vehicle Registration Number .....	SLM5660B
Vehicle Manufacturer .....	Renault
Vehicle Model .....	Megane
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ALAN TAN
Contact Number .....	(Phone) +65-98556038
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 6

Vehicle Registration Number .....	SGZ9909A
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
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****IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.
 (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.

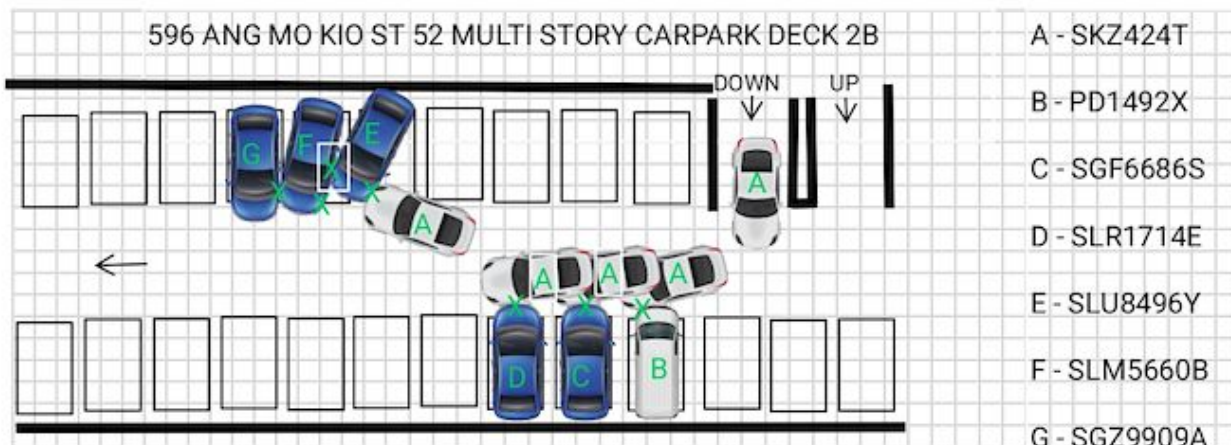


Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

31/08/2024 1130HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

ON 31/08/2024 AT ABOUT 0630HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SKZ424T ENROUTE FROM 596 ANG MO KIO STREET 52 MULTI STORY CARPARK DECK 3A TO CHINATOWN MARKET FOR PERSONAL PURPOSES. WHILE DRIVING DOWN THE RAMP FROM DECK 3A TO DECK 2B, MY SUDDENLY ACCELERATED AND THE FRONT LEFT OF MY VEHICLE BRUSHED AGAINST THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER PD1492X (LOT 90), THE FRONT OF VEHICLE (C) BEARING REGISTRATION NUMBER SGF6686S (LOT 91) AND THE FRONT OF VEHICLE (D) BEARING REGISTRATION NUMBER SLR1714E (LOT 92). MY VEHICLE THEN GO TO THE RIGHT AND THE FRONT OF MY VEHICLE HIT ONTO THE FRONT LEFT OF VEHICLE (E) BEARING REGISTRATION NUMBER SLU8496Y (LOT 109). VEHICLE (E) MOVED DUE TO THE IMPACT AND THE FRONT RIGHT OF VEHICLE (E) HIT ONTO THE FRONT LEFT AND LEFT DOORS OF VEHICLE (F) BEARING REGISTRATION NUMBER SLM5660B (LOT 110), VEHICLE (F) MOVED DUE TO THE IMPACT AND THE FRONT RIGHT OF VEHICLE (F) HIT ONTO THE FRONT LEFT OF VEHICLE (G) BEARING REGISTRATION NUMBER SGZ9909A. NOBODY WAS INJURED. TP WAS ON SCENE.

## 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

Witnessed by Reporting Centre Personnel

31/08/2024 1130HRS

