

# 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 .....	30/09/2024 16:41 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	28/09/2024 18:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ECP TOWARDS CHANGI
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDX4882X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG SIEW KIEN
NRIC No .....	S1755502B
Email Address .....	ANDELINE@ANTSLOGISTIC.COM.SG
Mobile Phone No .....	(Phone) +65-96368342
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Lexus
Model .....	Nx200t
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 .....	2000
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 .....	-

### DRIVER

Name of Driver .....	DENNIS LOON WEI JIE
NRIC No .....	S9126366A
Date Of Birth .....	20/07/1991
Occupation .....	Indoor
Driving Pass Date .....	07/05/2021
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	3 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97865730
Alt. Phone Number .....	-
Email Address .....	DENNISLOON@HOTMAIL.COM
Address .....	BLK 443 JURONG WEST AVENUE 1 #05-736
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collision - Head to Rear
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? .....	No
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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

**SKETCH PLAN**

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- This report will be forwarded by the Insurers to 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.
- 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.

(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 & Time

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

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

**Sketch Plan**

A: SDX A382X  
B: SHF 633B

1

Describe Circumstances of the Accident

DOA: 28/09/24  
 TIME: 18:55pm  
 LOCATION: ECP towards chungi

I was travelling to upper East coast on 28/09 and was taking ECP and heading towards chungi. A red taxi SFP 6238 suddenly braked and I could not stop in time.

I hit the rear of the vehicle, there is a passenger in the back of the taxi going to the airport. No injury to both driver and passenger. The passengers in my vehicle was not injured as well. We exchanged contact and ICS and reported to Insurance.

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 (Name as in NRIC/ID card) \_\_\_\_\_

2





**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9126366A**



Name  
**DENNIS LOON WEI JIE**

倫 伟 杰

Race  
**CHINESE**



Date of birth  
**20-07-1991**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

**S9126366A**

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1632671B**



Name  
**TAN SIEW BOEK**

陳 思 有

Race  
**CHINESE**

Date of birth  
**14-01-1964**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**





















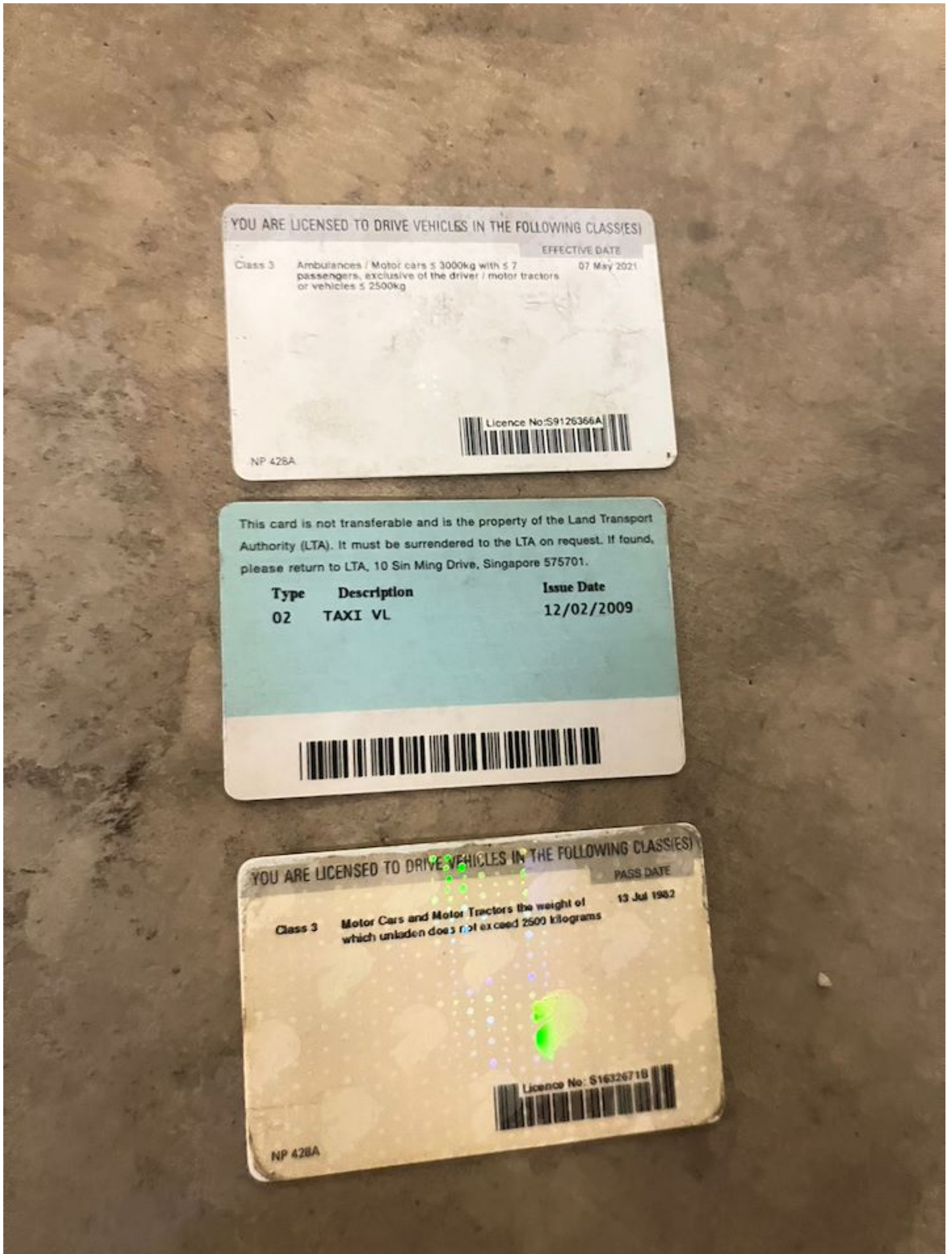




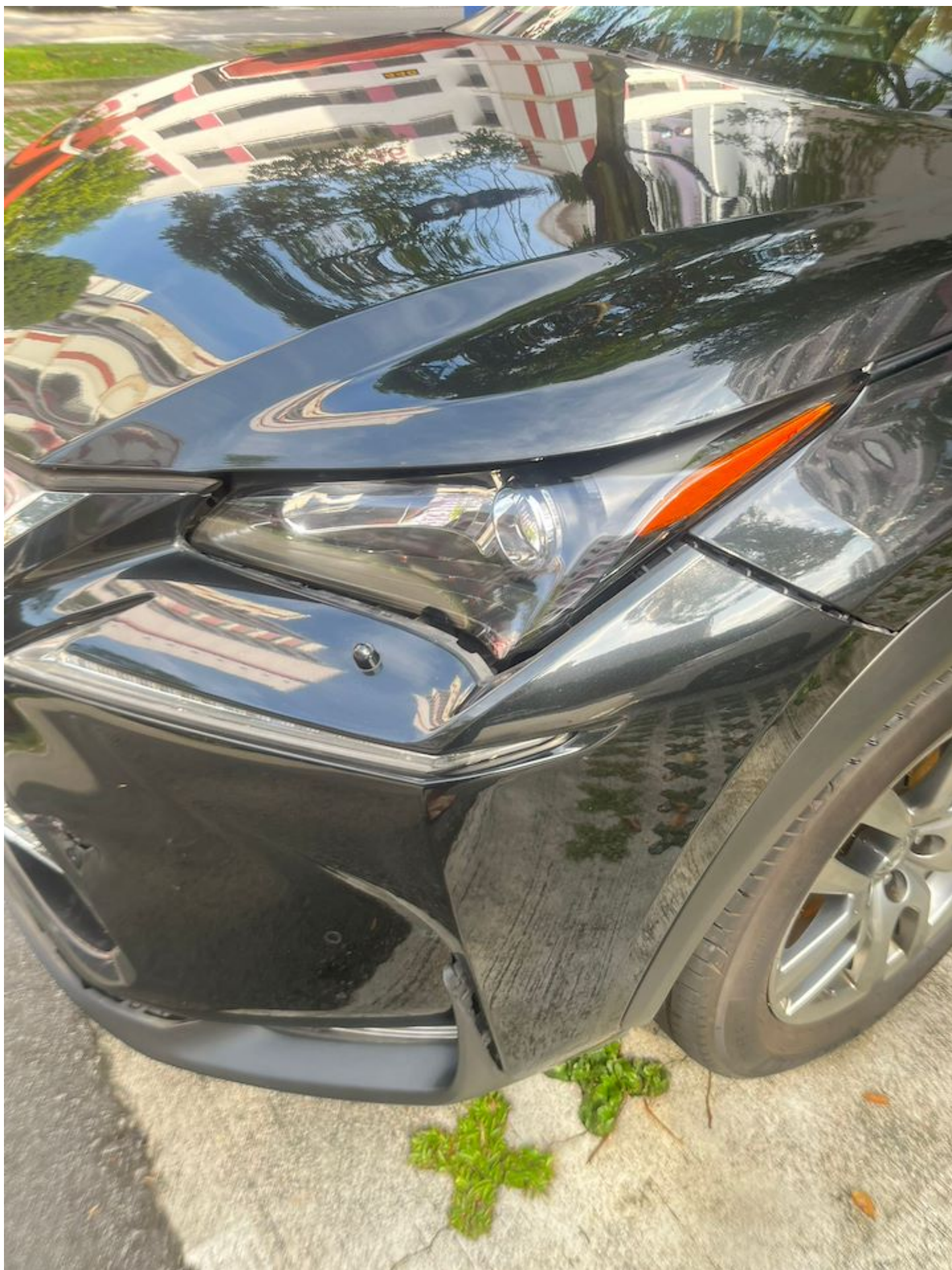
















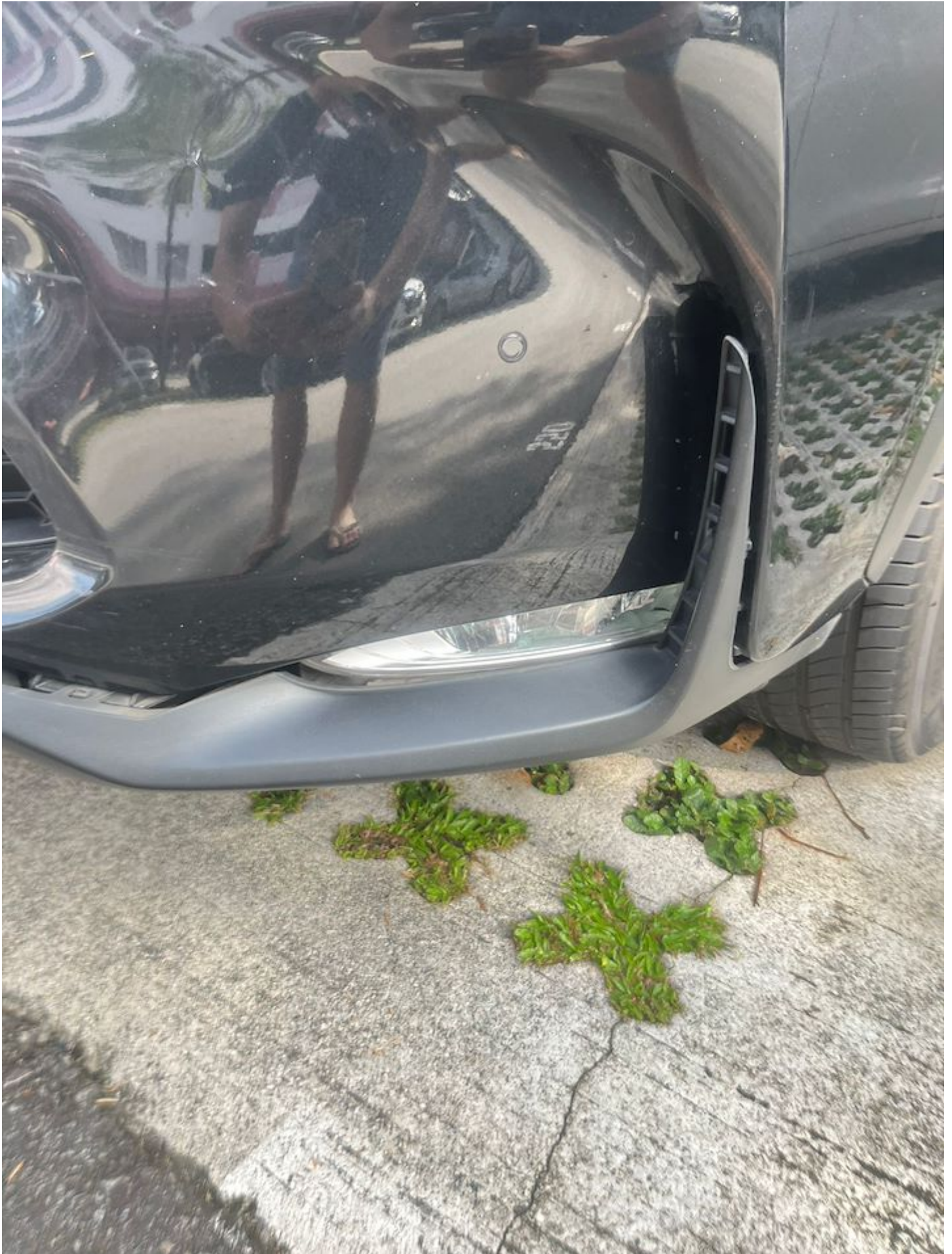


















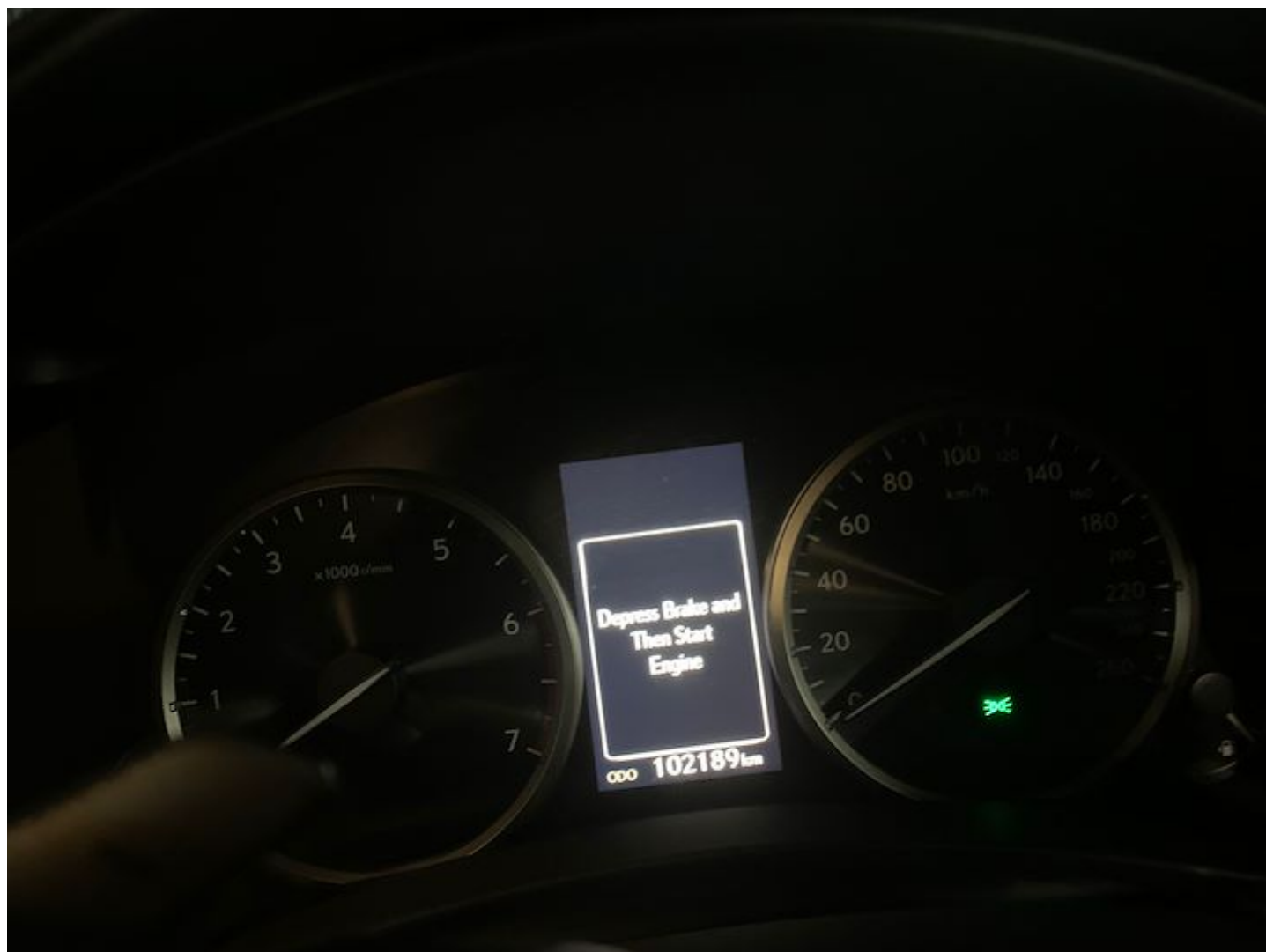


















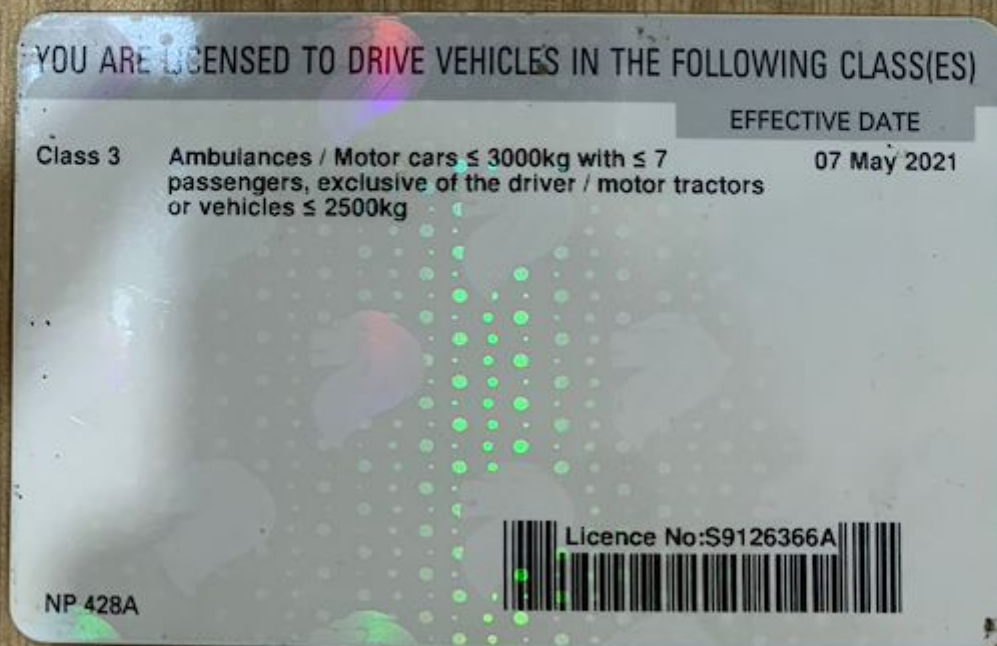




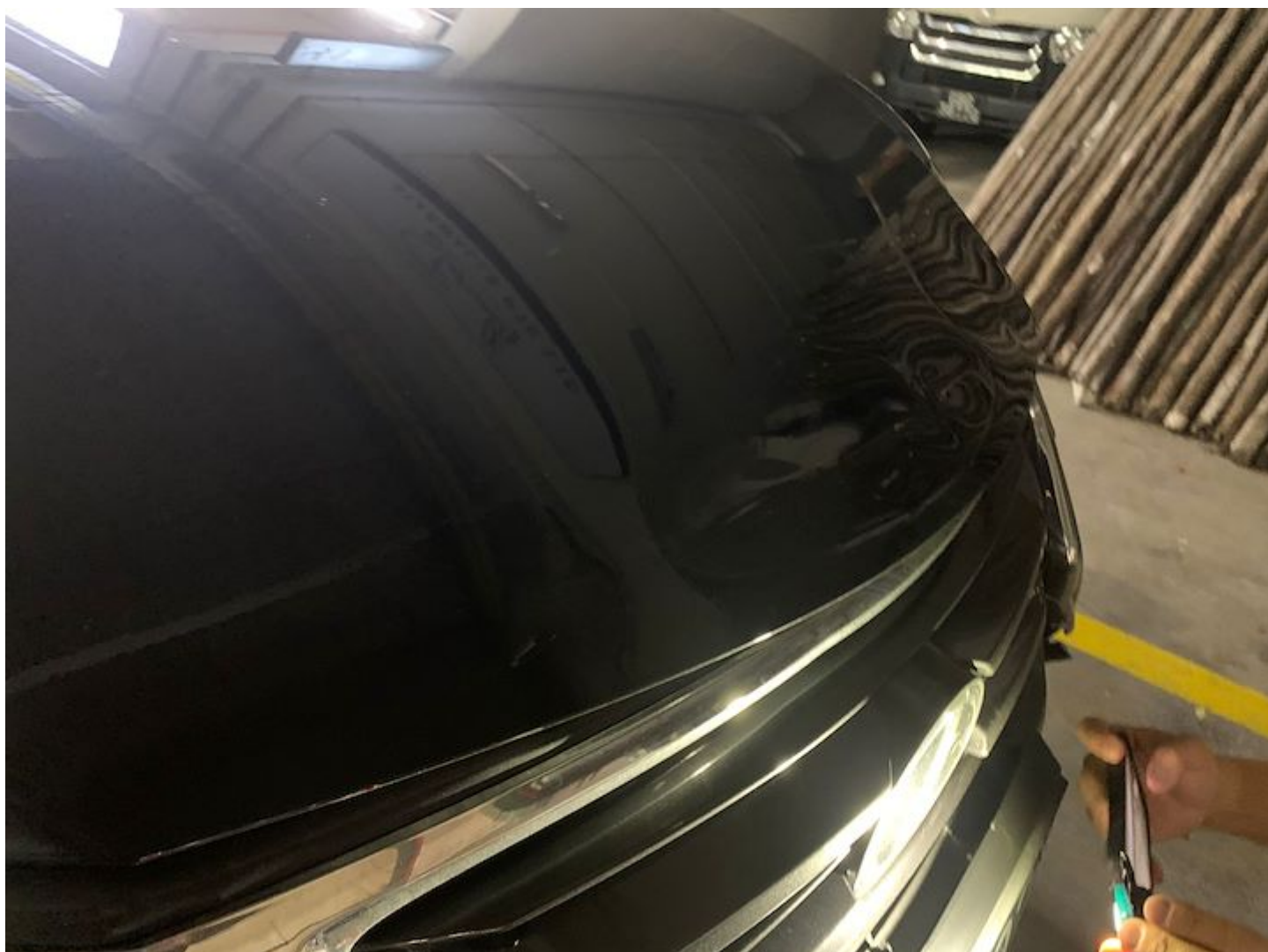
































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1T249U000E Vehicle Registration No: SDX4882X

Name (as shown in NRIC): WONG SIEW KIEN NRIC/FIN/Passport No: SXXXX502B

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: Singapore ( )

Contact (Tel): Mobile No.:

Email Address:

Date of Accident: 28/09/2024 Time of Accident: 1855PM

Place of Accident: ECP TOWARDS CHANGI

Insurance Company: CHINA TAIPING

**(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:

CHANGE OF CLAIM TYPE & AMMEND POLICY HOLDERS NAME.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

WONG SIEW KIEN

Policyholder / Actual Driver's Signature  
Date:

RUSSELL

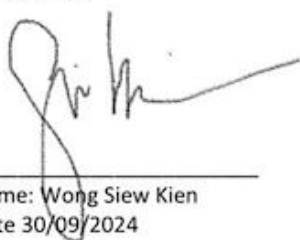
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

LETTER OF AUTHORIZATION

SUBJECT: LETTER TO AUTHORIZE THE USE OF VEHICLE

I, Wong Siew Kien,  
(I/C No.) S1755502B, am the vehicle owner of (Lexus nx 200t SDX 4882 X)  
I hereby authorize and grant permission to (name and IC) Dennis loon S9126366A to use my vehicle.  
Thank you.

Yours truly,

A handwritten signature in black ink, appearing to read 'Wong Siew Kien', is written over a horizontal line.

Name: Wong Siew Kien  
Date 30/09/2024