

# 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 ..... 11/10/2024 11:52 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 10/10/2024 09:20 (SGT)  
Exact Location of Accident ..... Airport Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKS8913H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WANG DONG  
NRIC No ..... S7489961G  
Email Address ..... WANGYUERU17@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96100600  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 420i  
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 ..... 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 ..... DMPCSNA00051332404

### DRIVER

Name of Driver .....	WANG YUERU
NRIC No .....	T0276706B
Date Of Birth .....	17/09/2002
Occupation .....	Indoor
Driving Pass Date .....	08/11/2022
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96100989
Alt. Phone Number .....	-
Email Address .....	WANGYUERU17@GMAIL.COM
Address .....	571 BEDOK RESERVOIR ROAD
Address complement .....	-
Postcode .....	479302
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 10/10/2024 AT ABOUT 0920HRS, VEHICLE A WAS TRAVELLING ALONG AIRPORT ROAD. I STOPPED MY VEHICLE SAFELY AS VEHICLE IN FRONT OF ME STOPPED. MY VEHICLE WAS STATIONARY. SUDDENLY, I FELT A HIT IMPACT FROM THE REAR. VEHICLE B FAILED TO STOP AND HIT ONTO MY VEHICLE REAR PORTION.

#### 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 .....	SLW5564T
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	WANG YUERU
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKS8913H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

**IMPORTANT NOTICE**

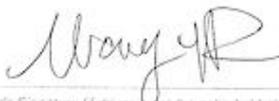
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

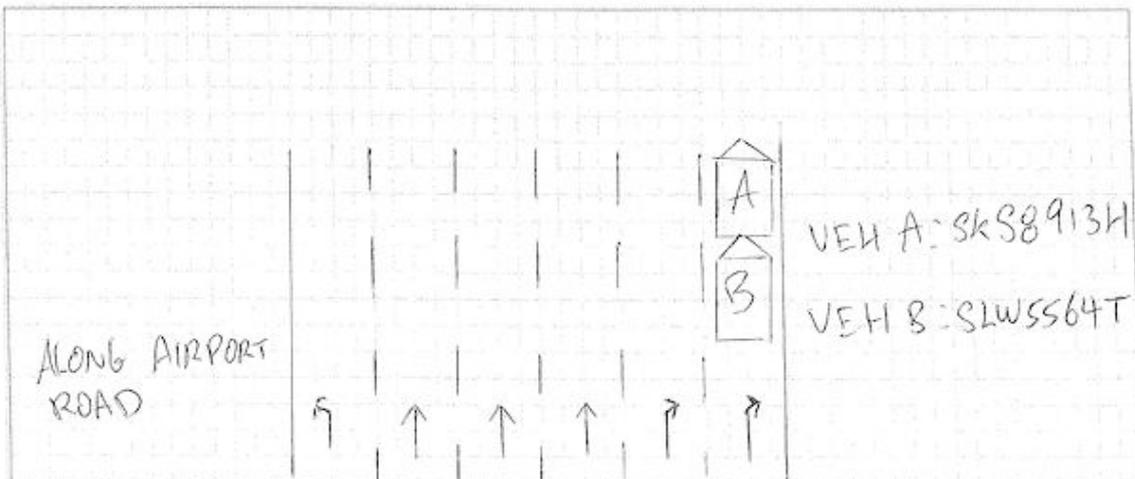
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
 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



Describe Circumstance of the Accident

On 10/10/2024 about 0920hrs, I, vehicle A was travelling along Airport Road. I stopped my vehicle safely as vehicle in front of me stopped. My vehicle was stationary. Suddenly, I felt a hit impact from the rearg. vehicle B failed to stop and hit onto my vehicle rear portion.

VEH A : SKS 8913 H

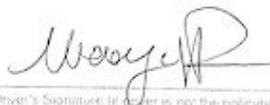
VEH B : SLW 5564 T

Declaration

(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)