

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	29/10/2024 14:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/10/2024 22:05 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	SLIP ROAD OF TPE (PASIR RIS DR 8) TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG8351G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SJ AUTO PTE LTD
Company Reg No	201732057R
Email Address	RICHARD.NG@SJAUTO.SG
Mobile Phone No	(Phone) +65-96611118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	MAZDA3 4DR 1.5 AT M-HYBRID CLASSIC I2
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1496
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	DMHCSNA00000892400

DRIVER

Name of Driver	ABU SALIH ABDULHALLEM
NRIC No	S7983914J
Date Of Birth	07/09/1979
Occupation	Outdoor
Driving Pass Date	27/12/2005
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98855441
Alt. Phone Number	-
Email Address	RICHARD.NG@SJAUTO.SG
Address	APT BLK 160 HOUGANG STREET 11 #02-39
Address complement	-
Postcode	530160
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Number of Passengers (Including Driver)	3
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	PASSENGER 1
Gender	Female

PASSENGER 2

Name	PASSENGER 2
Gender	Male

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMR5292S
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 -
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.




Policyholder's Signature / Date & Time

Sketch Plan



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




Witnessed by Reporting Centre Personnel

refer to Annex 1


Describe Circumstances of the Accident

Handwritten sketch plan showing a curved line representing a road or path, with the word "Refer" written vertically and "to Annex 1" written horizontally, indicating a reference to another document.

Declaration

We declare the foregoing particulars are true in every respect.

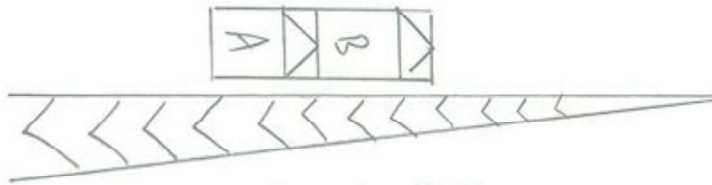
Policyholder's Signature  
Time

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

Witnessed by Reporting Centre Personnel  

Annex 01

Pasir Ris Dr 8 Slip Road



TPE towards SLE

Vehicle A - SN683516

Vehicle B - SMR 52922

On 25/10/2024 at around 2205hrs, I (Vehicle A) was driving along Pasir Ris Dr 8 with 01 Male and 01 Female Grab's Passengers on-board. While entering the TPE expressway, at the slip road suddenly Vehicle B in front of sudden stopped and I can't react in time therefore collided on to Vehicle B. I alighted from my vehicle, we took photos, exchanged particulars and proceed to move off as the traffic is building up at the slip road.

I wish to state that Vehicle B damages was only some scratches and he demanded \$6000.00 for the repair private settlement.





















