Gᵢ 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 witholding 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	15/11/2024 16:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/11/2024 11:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CTE BEFORE BALESTIER EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1306B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GWENDOLYNN CHRISSIE TAN MEI LING (CHEN MEILING)
NRIC No	.333A
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1600
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11410625

DRIVER

Name of Driver	TAN KENG CHIN PATRICK
NRIC No	
Date Of Birth	
Occupation	Indoor
Driving Pass Date	26/03/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Change/cross lane
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)	4
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
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

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG CTE TOWARDS CTE BEFORE BALESTIER EXIT. I WAS TRAVELLING IN MY OWN LANE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR RIGHT PORTION OF MY VEHICLE. I GO DOWN AND SEE, I REALISED THAT VEHICLE B (SHF39M) WITHOUT CHECKING CLEAR BEFORE CHANGE LANE AND HIT ONTO MY REAR SIDE PORTION TO REAR DOOR 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	SHF39M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE YONG GUAN
NRIC No	
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)	-

SKETCH PLAN

IMPORTANT NOTICE

Please report carefully the details of the accident to speed up the claims process.

This form must be completed by the Principal Driver and/or the Legal Owner.

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation and/or hiding of material facts may allow insurance companies to repudiate or avoid liability.

The issue and acceptance of this Form by the insurance company 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 the report will for a fee be made available upon application by interested parties.

By the submission 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 whereto.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

1) the insurers, my insurer(s) and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process any 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 relevant third parties including all other vehicle(s) involved in this accident (all owner(s) and/or insured vehicle(s) provided in this accident shall be directly related to this form "Insurers"), the Insurers' lawyers/solicitors, 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 ancillary matters relating to the claims;

ii) investigating the accident and/or my claim;

iii) carrying out and/or dealing with my instructions or as requested by me;

iv) administering my claim including the mailing of correspondence, statements, invoices, receipts or notices to me, which could involve disclosure of certain personal data associated to bring about delivery of the same as well as for the internal administration of such mailings and other such matters; and/or

v) complying with applicable laws in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

2) the insurer(s) and/or other insured vehicle(s) involved in the accident and the Insurers' lawyers/solicitors, are/were permitted to collect, use, disclose and/or process any Personal Information for one or more of the above Purposes; and

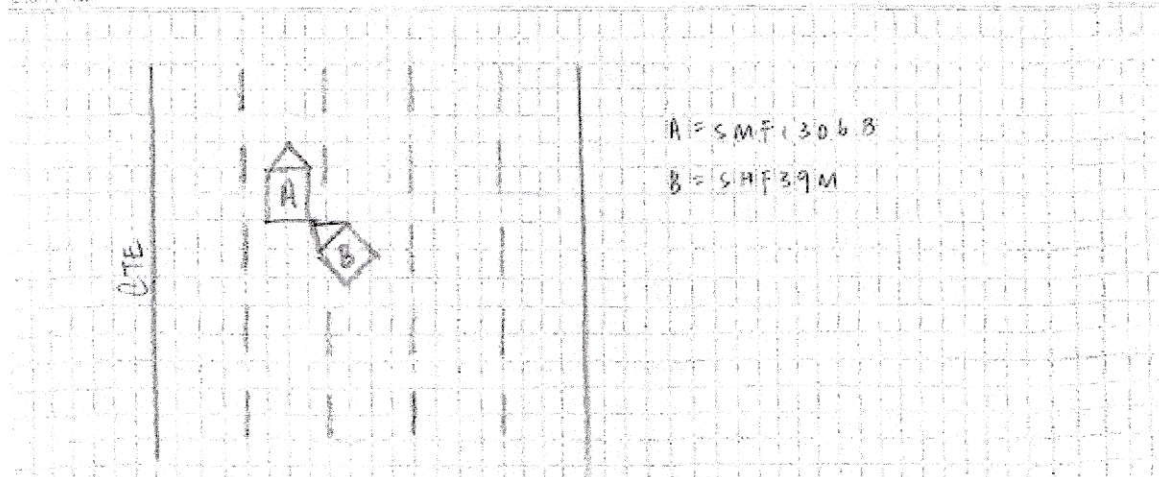3) any Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their overseas ones), which may be located outside of Singapore, for one or more of the above Purposes.

Reporter's Signature/Name/Date & Time | Owner's Signature (if different from arrangement)/Date & Time | Witnessed by/Reporting Officer (if any)/Name/Date & Time

Sketch Plan:

A = SMF 1306 B
B = SMF 39 M

On the Circumstance of the Accident

On the stated date and time. I was travelling along CTE towards CTE before Balestier Exit. I was travelling in my own lane, suddenly. I felt an huge impact from my rear right portion of my vehicle. I go down and see, I realized that vehicle B (SHF39M) without checking clear before change lane and hit onto my rear side portion to rear door portion.

Declaration