

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 29/11/2024 17:46 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 28/11/2024 22:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND8649P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM TUAN MENG EDMUND
NRIC No S8128593D
Email Address edmundwso@yahoo.com.sg
Mobile Phone No (Phone) +65-96640445
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model CN7 AVANTE 1.6 DOHC CVT S/R
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 1598
Vehicle Fuel -
First Registration Date 28/01/2022
Chassis no KMHLN41ETNU269500
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNA00004202402

DRIVER

Name of Driver	LIM TUAN MENG EDMUND
NRIC No	S8128593D
Date Of Birth	06/09/1981
Occupation	Indoor
Driving Pass Date	17/11/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-96640445
Alt. Phone Number	-
Email Address	edmundwso@yahoo.com.sg
Address	16 PASIR RIS LINK #10-58
Address complement	-
Postcode	518166
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

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)	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 ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6969S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. WOO
Contact Number	(Phone) +65-92996929
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH NO: SND 8649 P
INSURER: China Taiping
DATE OF ACC: 28/11/24 @ 22:20

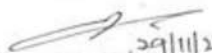
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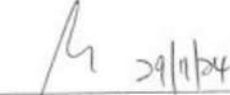
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

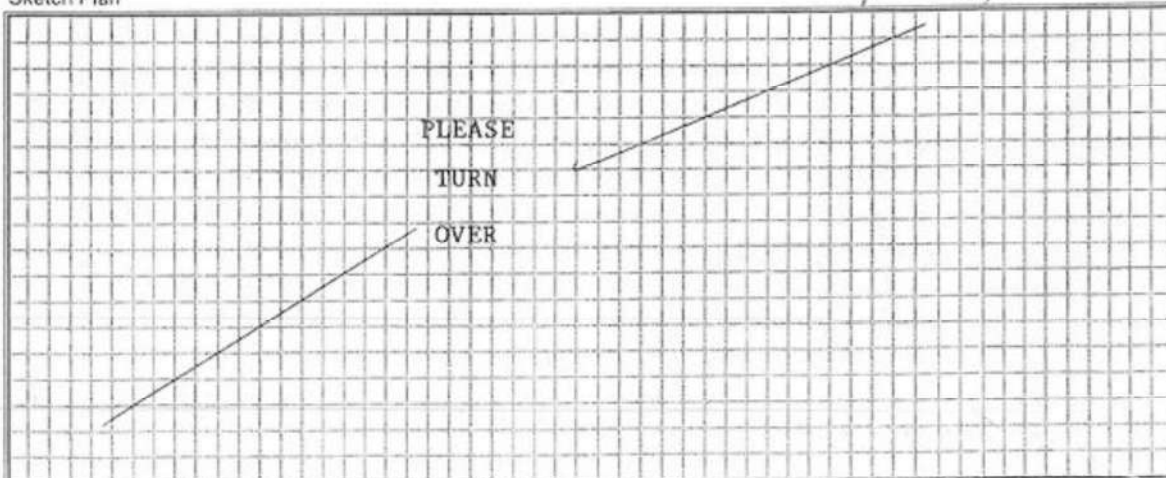
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


29/11/24 15:58
Policyholder's Signature / Date & Time

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


29/11/24
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) (YS)

Sketch Plan



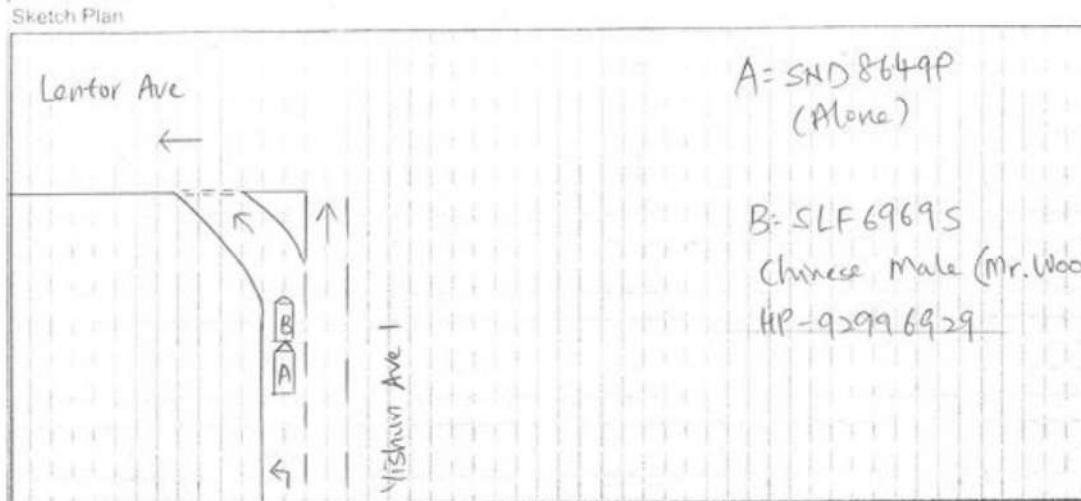
Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

☒ Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan



A = SND 8649P
(Alone)

B = SLF 6969S
Chinese Male (Mr. Woo)
HP-9299 6929

I was driving along Yishun Ave 1 towards slip road Lenton Ave. It was raining and the road was wet. As I make a filter to the left most lane, I could not slow down in time and contacted the vehicle ahead of mine. The travelling speed was approximately 50km/h. No injury was sustained for both parties involved.

*I'm aware that I have to bear the admin fee for Audatex in the event if I withdraw my own damage claim.

Declaration

I/We declare the foregoing particulars are true in every respect.

29/11/24 15:58
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) (YS)

















