

## 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 Authorised 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 ability
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 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 Report	14/06/2016 17:20
Date Of Accident	14/06/2016 08:05
Exact Location Of Accident	PIE TWDS TUAS CLEMENTI AVE 6 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2537M
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	NG PENG CHIM
NRIC No	S8006566C
Email Address	PENGCHIM_NG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97360922
Alternative Phone No	Others-97360922

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS PREMIUM 2.4
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
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car

#### Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSN1541811500
Cover Note Number	

#### Driver

Name of Driver	NG PENG CHIM
NRIC No	S8006566C
Date Of Birth	28/02/1980
Occupation	Indoor
Date Of Driving Pass	15/08/2000
Driving Experience	15 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-97360922
Fax Number	
Contact Number	Others-97360922
EEmail Address	PENGCHIM_NG@YAHOO.COM.SG

Address	APT BLK 533 HOUGANG AVE 6 #03-321
Postcode	530533
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - CHANGE LANE HIT TP LEFT REAR
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

ON 14/06/2016 AROUND 8.10AM I WAS DRIVING TO MY OFFICE, I AM GOING TO EXIT AT CLEMENTI AVE 6 TO BUKIT BATOK ON PIE TUAS, I WAS TRAVELLING AT LANE 1, AS I AM GOING TO EXIT SOON, I START TO FILTER TO LANE 2, I WAS CHECKING MY BLIND SPOT WHEN FILTERING WHEN I SEE IN FRONT, THE VEHICLE IN FRONT PA6619G SUDDENLY STOP, I IMMEDIATELY BRAKE MY VEHICLE BUT STILL IT HIT INTO THE REAR OF THE VEHICLE IN FRONT. WE BOTH ALIGHT TO ENSURE EVERYONE IN BOTH CAR IS ALL RIGHT, WE EXCHANGE DETAIL BEFORE WE MOVE OFF.

Are accident photos available for attachment?	Yes
---	-----

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA6619G
Vehicle Make/Model/Colour	MINI BUS WHITE COLOUR
Details Of Properties	
Name of Driver	ABDUL JAMAL BIN SAID
NRIC/Passport Number	S6927451Z
Contact Number	98794800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	6

#### Details of Witness

Name	
Phone Number	
Email Address	

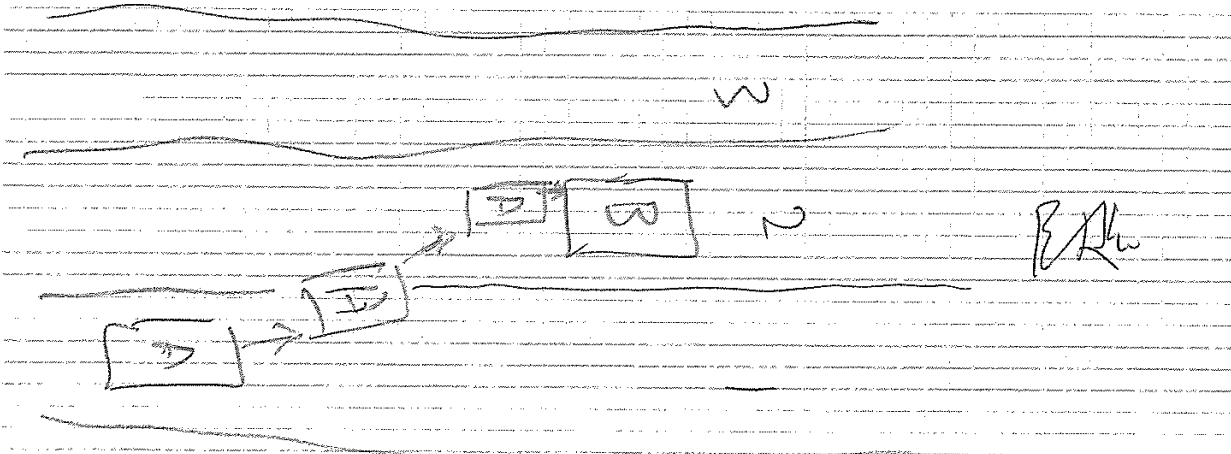
SKETCH PLAN

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p style="text-align: center;">S.O.P.m</p> <p style="font-size: 1.5em;">E.R.Lu 14/06/16</p>	<p style="text-align: center;">Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p style="text-align: center;">Witnessed by Reporting Centre Personnel</p>
<p>Policyholder's Signature / Date &amp; Time</p>		

**Sketch Plan**



A = SKG 2537 M  
B = PA 6619 G


## Sketch Plan #2 Pg.1

### Describe Circumstances of the Accident

ON 14/06/2016 around 8.10 am I was driving to my office, I am going to exit at Clementi Ave 6 to Bukit Batok on PIE Tuas, I was travelling at lane 1, AS I am going to exit soon, I start to filter to lane 2, I was checking my blind spot when filtering when I see in front, the vehicle in front PA6619G suddenly stop, I immediately brake my vehicle but still it hit into the rear of the vehicle in front. we both alight to ensure everyone in both car is all right, we exchange detail before ~~the~~ we move off.

## Declaration

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

S. O'Sp  
 14/06/16  
 \_\_\_\_\_  
 Policyholder's Signature / Date &  
 Time

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

Witnessed by Reporting Centre Personnel

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



INSURED CAR





**INSURED CAR**



INSURED CAR



INSURED CAR



INSURED CAR



INSURED CAR



INSURED CAR



**INSURED CAR**

