

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	16/12/2017 13:25
Date Of Accident	16/12/2017 11:00
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8469M
Insured/Policyholder	
Name Of Registered Owner	MISS TEO ZHI HUI GERALDINE
NRIC No	S8842180I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90290696
Alternative Phone No	OTHERS-90290696

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	THIRD PARTY
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	DMPCSN1741251700
Cover Note Number	

Driver

Name of Driver	TAN YONG SHEN (CHEN YONGSHEN)
NRIC No	S8612770I
Date Of Birth	29/04/1986
Occupation	INDOOR
Date Of Driving Pass	21/09/2005
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90290696
Fax Number	
Contact Number	OTHERS-90290696
Email Address	NOEMAIL

Address	BLK 316C PUNGGOL WAY #10-705
Postcode	823316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : HO YOUK LAN GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC978X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	JOSEPH S/O MUTHU
NRIC/Passport Number	S1376793I
Contact Number	97993797
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAN YONG SHEN (CHEN YONGSHEN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLN8469M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

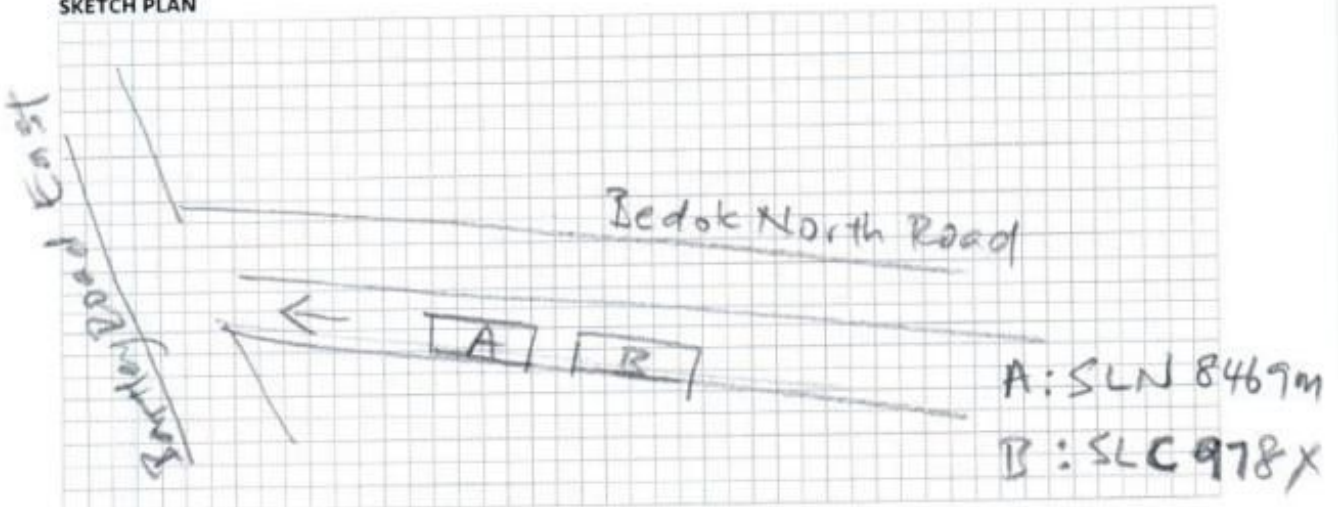
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 16/12/17 1325

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Bedok North Road and stopped at the traffic light junction between Bedok North Road and Bartley Road East. Vehicle B knocked into ^{from} the rear of the vehicle A.

DECLARATION

I/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: 16/12/17 1325

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S86127701**



Name
TAN YONG SHEN
(CHEN YONGSHEN)
陈勇慎

Race
CHINESE

Date of birth
29-04-1986

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S86127701**

Name
TAN YONG SHEN
(CHEN YONGSHEN)

Birth Date: **29 Apr 1986**

Valid Date: **21 Mar 2015**

002408404D



5674173



SPRCD No: **S86127701**



Date of issue
22-11-2016

Address
APT. BLK 316C PUNGOL WAY
#10-705
SINGAPORE 823316

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
C1	Class 3B	Motorcycles <= 200 CC
	Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2100 kg

18 Apr 2017
31 Jan 2005

S / No. 9000301794

S86127701

Licence No: **S86127701**



TOP 420A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA 17165491 Vehicle Registration No: SL N8469M
Name (as shown in NRIC) : Tan Yong Chen (Chen Yongchen) NRIC/FIN/Passport No : SS6127701
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : Blk 316 Dunggol Way #10-705 Singapore (823316)
Contact (Tel) : _____ Mobile No. : 90290696
Email Address : _____
Date of Accident : 16/12/17 Time of Accident : 11:00
Place of Accident : Bedok North Road
Insurance Company: CTI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in passenger name & IC number
Ho Yuk Lan (S18469662)
She was sitting in the front passenger seat during the accident.

Policyholder / Driver's Signature
Date: 26/12/17

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____