

## 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 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 Report	27/12/2018 10:46
Date Of Accident	26/12/2018 13:35
Exact Location Of Accident	CTE TWDS SLE B4 AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8422T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MDM TAN CHIN NA REGINA
NRIC No	S8028308C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808422
Alternative Phone No	OTHERS-83331173

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60
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	DMPCSN1527511803
Cover Note Number	

### Driver

Name of Driver	ZHANG MUTONG,EDMUND
NRIC No	S8301173D
Date Of Birth	10/01/1983
Occupation	INDOOR
Date Of Driving Pass	12/05/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-83331173
Fax Number	
Contact Number	
EEmail Address	MI_EDMUND@YAHOO.COM.SG

Address	BLK 686 HOUGANG ST 61 #07-172
Postcode	530686
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 (including own vehicle) 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: : MDM TAN CHIN NA REGINA 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:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EH77C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	ZHANG MUTONG,EDMUND
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJX8422T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	MDM TAN CHIN NA REGINA
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJX8422T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


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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 lodgment 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' 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:

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

# Individual Statement

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/12/2018 at about 1335 hrs at CTE towards SLE before Ang Mo Kio Ave 1 exit. I was travelling on the lane 2 and slow down my vehicle while giving way to the changing lane vehicle. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Front Portion of my vehicle (A) causing damages to my vehicle.

(A) SJX 8422 T

(B) EH 77 C

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No:

SGSWS Form 100 (Rev. 1/18)

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Identification Card



Driver Six F427





## Driving License



Drive for P62T.



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #25-00 Singapore 048629  
 Tel: (65) 6724 4013 Fax: (65) 6724 0033  
 Operating Hours: Monday to Friday, 9:00 - 5:00  
 Email: RMC@gisasg.com.sg Web: www.gisasg.com.sg

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

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: MNA118166151 Vehicle Registration No.: SJX 8422T  
 Name of person making: TAN CHIN NA, REGINA NRIC/FIN/Passport No.: SP028308C  
 I am Vehicle Owner ☒ (Vehicle Owner) (P) Please delete as appropriate  
 Address: Blk 686 Henggang Street 61 #07-172 Singapore (530686)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8333 1173  
 Email Address: M1-edmund@tanoo.com.sg  
 Date of Accident: 26/12/2018 Time of Accident: 13:35 hrs  
 Place of Accident: CTE towards SLE BT AMN Ave 1 Exit  
 Insurance Company: China Taiping

### (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:

I would like to make amendment in the statement from  
 "I realised that it was vehicle (B) who hit onto my front  
 portion of my vehicle (A) causing damages to my vehicle." (Pg 5)  
 to

"I realised that it was vehicle (B) who hit onto my rear  
 portion of my vehicle (A) causing damages to my vehicle."

Policyholder / Driver's Signature  
 Date:

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