

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	17/05/2019 14:55
Date Of Accident	25/12/2018 03:55
Exact Location Of Accident	SLIP ROAD FROM GOLDEN MILE BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3755K
Insured/Policyholder	
Name Of Registered Owner	SWEE SENG LEASING PTE LTD
Co Reg No	201111948K
Email Address	YIYI.CHEN@SSGROUP.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64663808

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1508411803
Cover Note Number	

Driver

Name of Driver	LIN JUNDA
NRIC No	S8338089F
Date Of Birth	03/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-98867781
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 453D FERNVALE RD #19-541
Postcode	794453
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
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	2
Was any body injured in the Accident?	NO
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)	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 25/12/2018 @ 0355HRS. I WAS AT THE SLIP RD FROM GOLDEN MILE BUILDING TWDS BEACH RD. WHILE APPROACHING THE GIVE WAY LINE, VEHICLE B SUDDENLY JAM BRAKE. I QUICKLY APPLIES MY BRAKE BUT MY VEHICLE CAN'T STOP ON TIME THUS MY VEHICLE FRONT PORTION SLIGHTLY TOUCH THE REAR PORTION OF VEHICLE B. I DID ASK THE DRIVER IF HE WENT TO CALL IN THE TRAFFIC POLICE BUT HE REFUSE. THERE IS NO DAMAGES FOR VEHICLE B. AS FOR MY VEHICLE SUSTAINED NO DAMAGE. NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5736C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

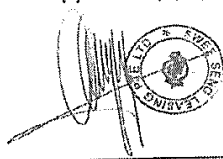
SKETCH PLAN

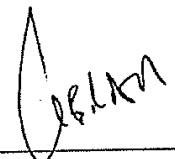
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

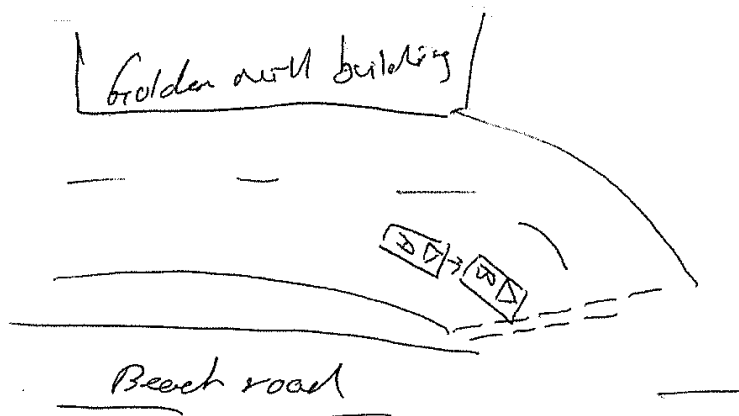

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

Veh A - SKR 3755 K

Veh B - SHA 5736 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/12/2018 @ 0855hrs. I was at the slip road from Golden Mile Building toward beech road. While approaching the give way line. Vehicle B suddenly jam brake. I quickly applies my brake but my vehicle can't stop on time. Thus my vehicle front portion slightly touch the rear portion of vehicle B. I did ask the driver if he want to call in the traffic police but he refuse. There is no damage to vehicle B. As for my vehicle no sustained no damage. No one was injured.

Chin

DECLARATION

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

Policyholder's Signature

Date & Time:

CHIN

Driver's Signature

(If driver is not the policyholder)
Date & Time:

- ☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☒ For record purpose

Policy No. DMHCSN 1508411803

Insurer Chins (C) Veh. No. SKR 3755 K

Janu

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8338089F



Name
LIN JUNDA
林俊达

Race
CHINESE

Date of birth
03-12-1983

Country/Place of birth
SINGAPORE

Sex
M

S8338089F

9255004



NRIC No. S8338089F



DATE of issue
10-01-2014

APT BLK 453D FERNVALE ROAD #10-S41
SINGAPORE 794453

NRIC No. S8338089F Date: 19/03/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8338089F

Name
LIN JUNDA

Birth Date 03 Dec 1983

Valid Date 09 Mar 2004

0011545508



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 09 Mar 2004

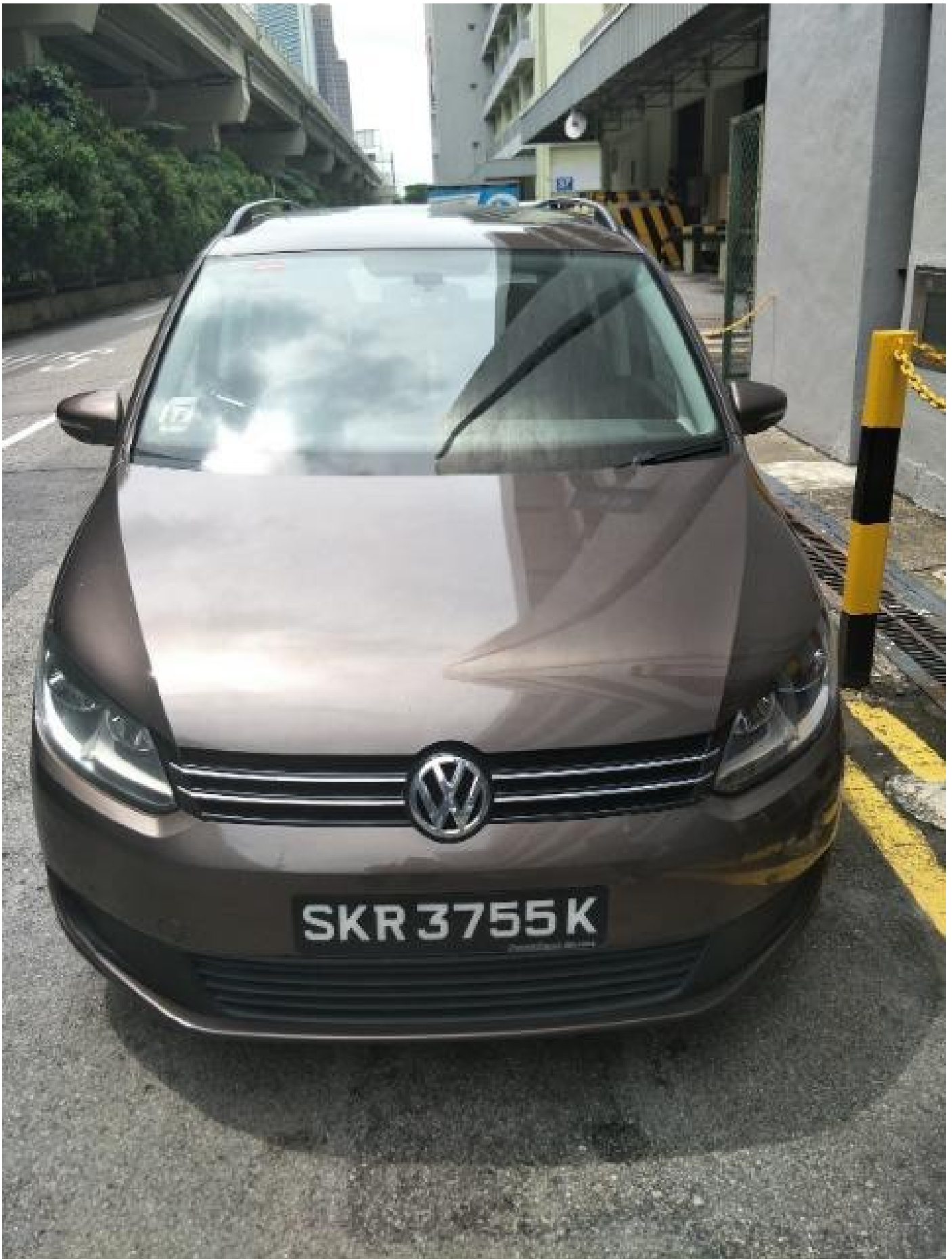
NP 428A

License No. S8338089F



CLASS 3 ~ 9 MAR 2004

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



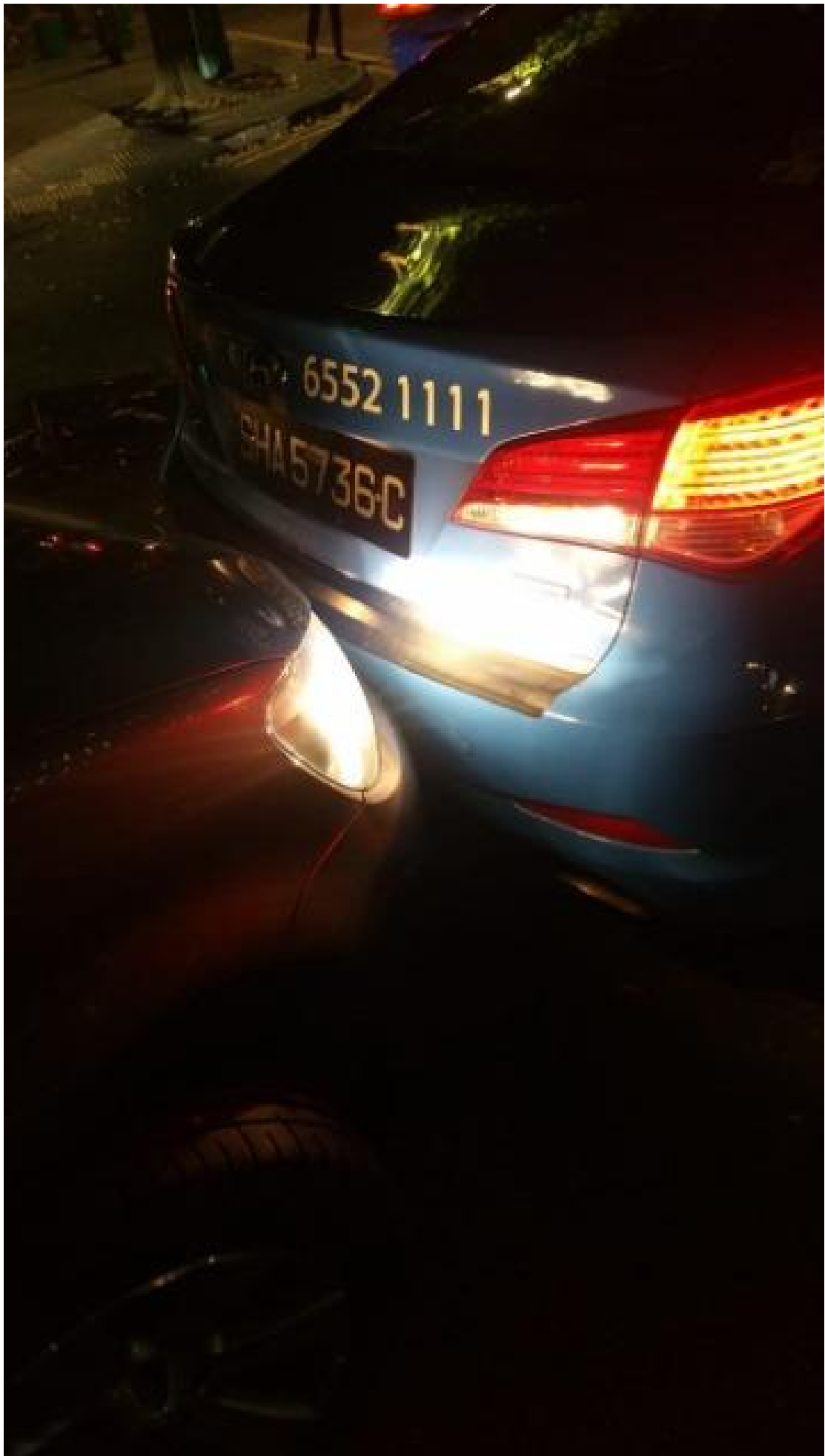
Accident Photo



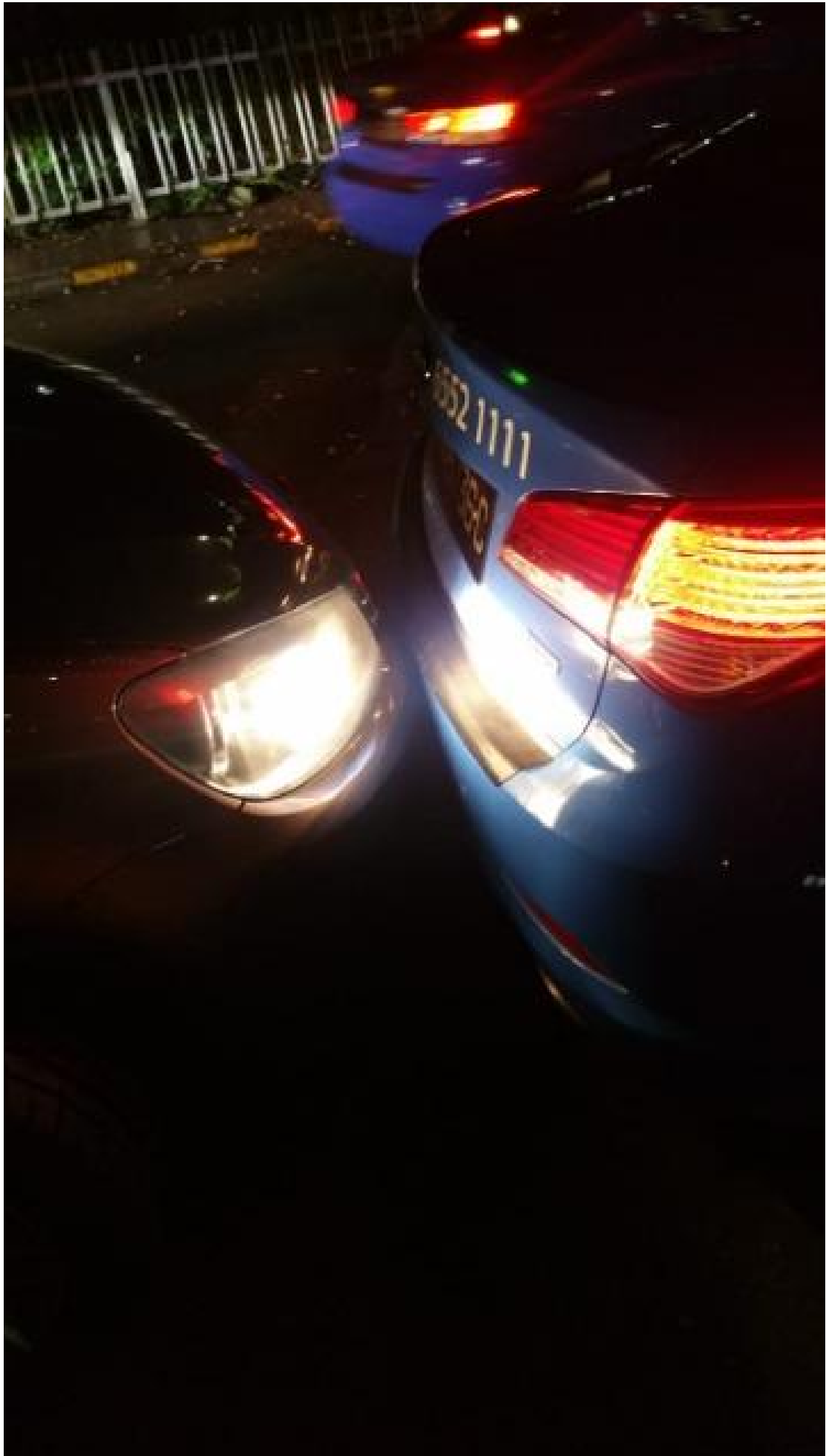
Accident Photo



Accident Scene Photo



Accident Scene Photo



Addendum Sheet Pg. 1



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: S665500206 / 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 : MSA 19064282 Vehicle Registration No: SKR 3755K

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 25.12.2018 Time of Accident : 0355 HRS

Place of Accident : Slip Rd from Golden Mile Building

Insurance Company : China Taiping Ins. (S) P/L

(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:

To add in site photos



Policyholder / Driver's Signature
Date:

[Signature]

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