

## 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	12/02/2019 12:03
Date Of Accident	08/02/2019 21:00
Exact Location Of Accident	ALONG YIO CHU KANG RD TOWARDS GERALD DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7311T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MDM CHOO WEN LIN NORENE
NRIC No	S7208058J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97331386
Alternative Phone No	OTHERS-96883726

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	DMPCSN3042771800
Cover Note Number	

### Driver

Name of Driver	TAN YOU JI CRANSTON
NRIC No	S6916424B
Date Of Birth	12/05/1969
Occupation	INDOOR
Date Of Driving Pass	17/05/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97331386
Fax Number	
Contact Number	OTHERS-96883726
EEmail Address	NOEMAIL

Address	BLK 986A BUANGKOK CRESCENT #13-23
Postcode	531986
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	2
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)	3
Passenger 1	NAME: : CHOO WEN LIN NORENE GENDER: : FEMALE
Passenger 2	NAME: : TAN WEI LIANG CALVERT GENDER: : MALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SJM960S
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SHUN HAO
NRIC/Passport Number	S9131024D
Contact Number	96883726
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN YOU JI CRANSTON

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR7311T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name CHOO WEN LIN NORENE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR7311T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name TAN WEI LIANG CALVERT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR7311T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

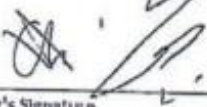
1. Please report correctly the details of the accident to speed up the claims process.
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#### 8. Consent under the Personal Data Protection Act (PDPA)

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.

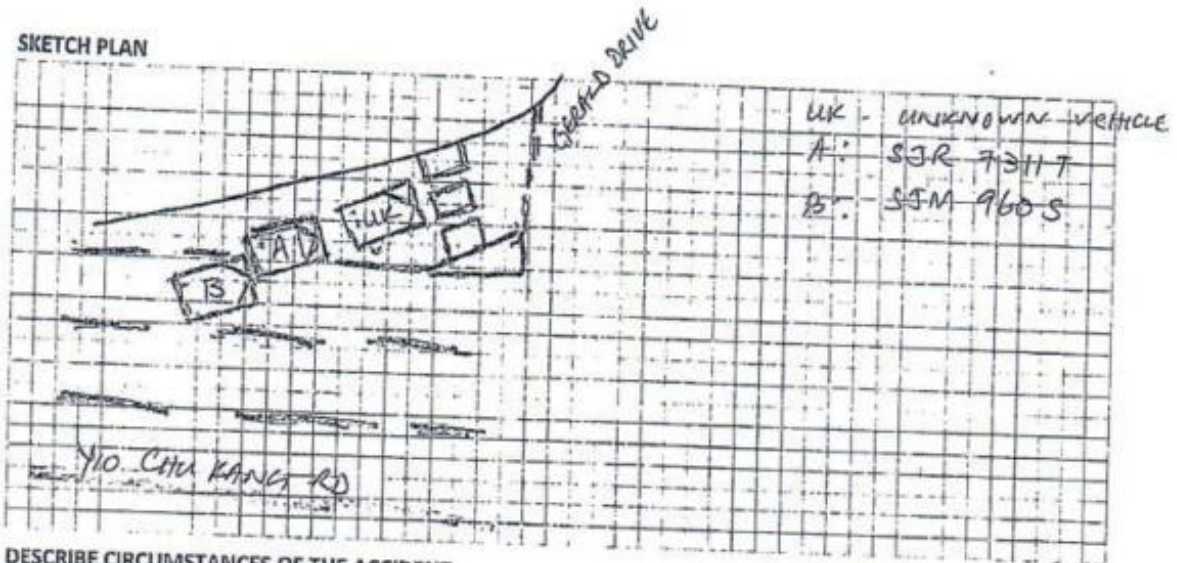
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Yio Chu Kang Road. At the junction of Gerald Drive, I slow down as an unknown vehicle was ahead of mine (Zebra Crossing). At this moment, as I was about to move off, vehicle 'B' collided against my vehicle. After the impact/collision we exchanged particulars and left the scene.

## DECLARATION

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

Ono  
Policyholder's Signature  
Date & Time:

[Signature]  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GUARANT SketchPlanForm V3



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6916424B

TAN YOU JI CRANSTON

CHINESE  
Date of Birth: 12-05-1968  
Date of Issue: 29 Apr 2013  
SINGAPORE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6916424B

TAN YOU JI CRANSTON

12 May 1968  
29 Apr 2013

002422327C

3665923

002422327C

APR 27 10-2016

APT BLK 000A BUANGKOK CRESCENT  
010-02  
SINGAPORE 531888

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

Class 2H: Motorcycles < 250 cc  
Class 7: Motor Cars < 3500kg with 17 passengers, exclusive of the driver, and other motor vehicles < 3500kg

EFFECTIVE DATE: 09 Jun 1987  
17 May 2000

License No: S6916424B

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: S665500200 / GST Reg. No: M400017733

**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: MIA4190 Vehicle Registration No: SJR 73117  
Name (as shown in NRIC): Tom You Jie Chuan NRIC/FIN/Passport No: S691642413  
(~~Vehicle Driver~~ / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 97331386  
Email Address: \_\_\_\_\_  
Date of Accident: 08/02/2019 Time of Accident: 21:00  
Place of Accident: Along Yio Chai Leng Road towards GARDEN ROAD  
Insurance Company: Chuan Tin Pines

### (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 DELETE FIRST 2 PHOTOS THAT DOES NO RELATE TO THE CASE  
VEHICLE INVOLVED (FRONT PORTRAIT)

Policyholder / Driver's Signature  
Date:

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