

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	04/03/2019 10:51
Date Of Accident	04/03/2019 08:05
Exact Location Of Accident	ALONG PIONEER NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT7790T
Insured/Policyholder	
Name Of Registered Owner	JACQUELINE ANG YUN HAN
NRIC No	S7613754D
Email Address	MUMU@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-97334447
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	MARCH-1.4 (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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3008391800
Cover Note Number	

Driver

Name of Driver	JACQUELINE ANG YUN HAN
NRIC No	S7613754D
Date Of Birth	05/05/1976
Occupation	INDOOR
Date Of Driving Pass	21/07/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97334447
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	MUMU@LIVE.COM.SG

Address	BLK 656A JURONG WEST ST 61 #08-345
Postcode	641656
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1387L
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)

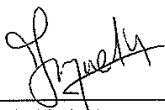
SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

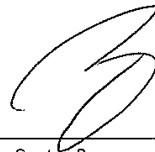
I understand, acknowledge, agree and consent that:

- (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:

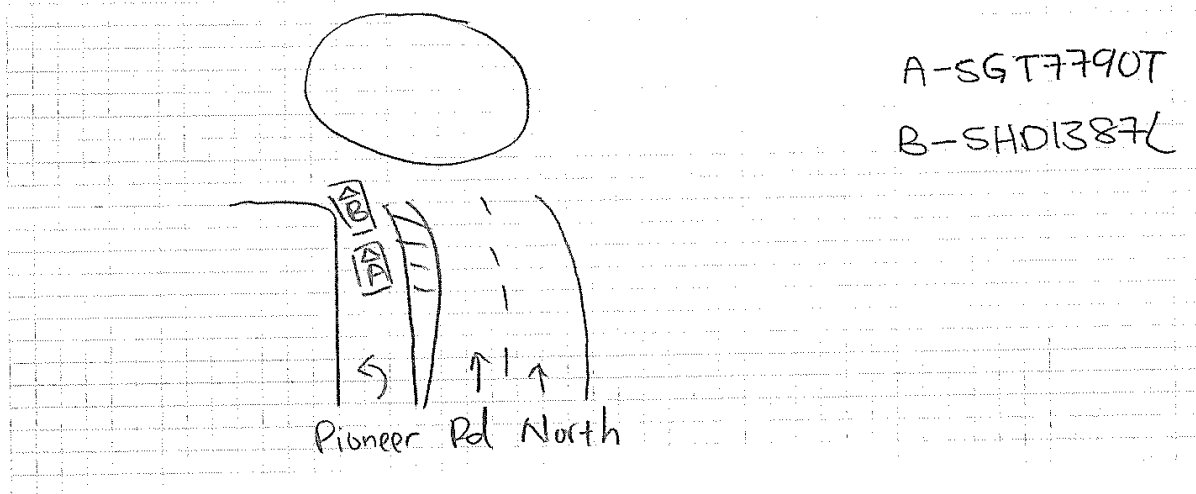
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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. DMPCSN 3008391800
Insurer China Veh.No. SGT7790T

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

IDENTITY CARD NO: S7613754D



JACQUELINE ANG YUN HAN

洪韵涵

Race:

CHINESE

Date of birth:

05-05-1976 F

Country of birth:

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7613754D

Name: JACQUELINE ANG YUN HAN

Birth Date: 05 May 1976

Issue Date: 21 Jul 2010

0018768168



3770295

NRIC No: S7613754D



Date of issue:

17-09-2005

Address:

APT BLK 656A JURONG WEST STREET 61 #08-345
SINGAPORE 641656

NRIC No: S7613754D

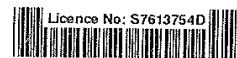
Date: 21-06-2007

No: 5768264

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 21 Jul 2010



Licence No: S7613754D

NP 428A

Annex D

NOTICE OF REPORTING

This is to confirm that Mrs Jacqueline Ang Yun Han, NRIC: S7613754D, Contact no: 97334447 has reported to the Police a Non-Injury traffic accident which occurred along Pioneer North Road on 04/03/2019 at about 0803hrs.

Date & Time of Accident: 04/03/2019 at about 0803hrs.

Vehicles Involved:

- 1) SGT 7790T (Car, Pink colour)
- 2) SHD1387L (Cab, Silver colour)

Particulars as follows:

- 1) Jacqueline Ang Yun Han, S7613754D, HP: 97334447
- 2) SilverCab Driver (SHD 1387L), HP: 98101974

On 04/03/2019 at about 0803hrs, I was travelling along Pioneer North Road at the filter lane moving towards AYE with my vehicle bearing registration number SGT 7790T, a Pink colored Nissan March. While I am in the filter lane, there is a SilverCab bearing registration number SHD1387L ahead of my vehicle. It is waiting for the main road at AYE to clear before moving off.

Subsequently, I saw that the SilverCab moved off and I then moved off as well. As I am slowly moving off, I check on my right for oncoming traffic, next moment when I turn my head back to the front. My vehicle has already collided to the silver cab ahead of me. Both drivers were not injured and there were no other passengers on both vehicles. After the collision, both drivers got out to exchange particulars.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T160246 Lih Jun Jun

Date: 04/03/2019 Time: 0905 hrs

Police Post/Unit: Clementi NPC

ESD: 20

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police


Sgt (2) T160246
Clementi NPC
20 Clementi Ave #
S (129858)
Tel: 68729999
Fax: 68728020

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

