

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	24/04/2019 15:53
Date Of Accident	23/04/2019 09:30
Exact Location Of Accident	JUNCTION OF OLD TOH TUCK ROAD AND TOH TUCK LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8187Y
Insured/Policyholder	
Name Of Registered Owner	TAN YONG JIE (CHEN YONGJIE)
NRIC No	S8319366B
Email Address	YJTAN29@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91832683
Alternative Phone No	OTHERS-91832683

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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?	YES
If No, Please state action to be taken	
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	DMPCSN1823271800
Cover Note Number	

Driver

Name of Driver	TAN YONG JIE (CHEN YONGJIE)
NRIC No	S8319366B
Date Of Birth	29/06/1983
Occupation	INDOOR
Date Of Driving Pass	07/09/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91832683
Fax Number	
Contact Number	OTHERS-91832683
E Mail Address	YJTAN29@GMAIL.COM

Address	BLK 275B JURONG WEST STREET 25 #09-107
Postcode	642275
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	CHAIN COLLISION
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	3
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

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	SHD81A
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM BEE CHYE
NRIC/Passport Number	S1844389I
Contact Number	94576132
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH3080H
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Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH DHEH
NRIC/Passport Number	S1323794H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 23/04/2019

17:00 hrs.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

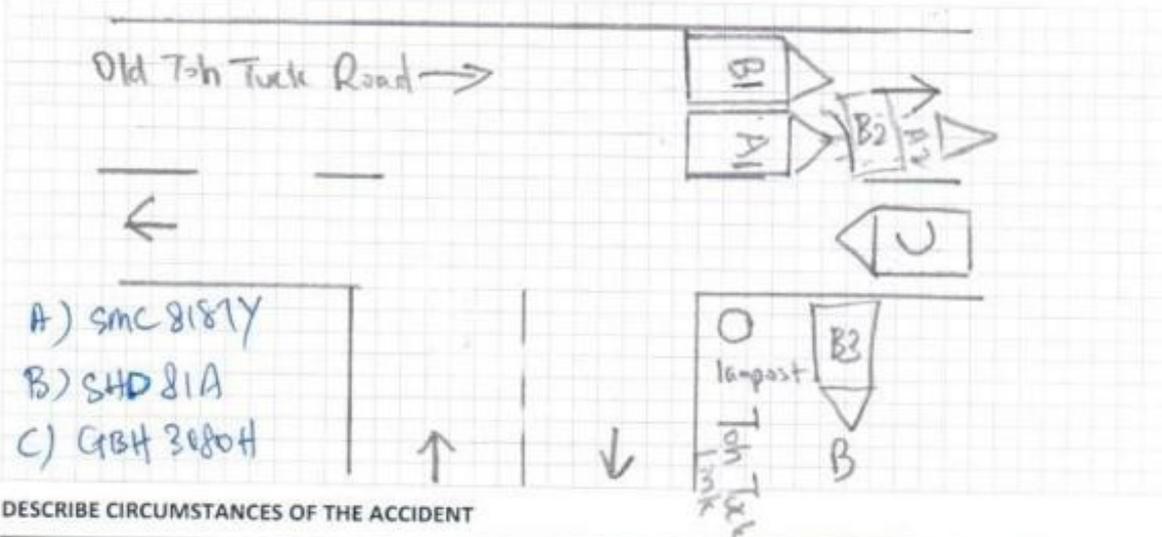

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving SMC 8187Y (A) on Old Toh Tuck Road when there was an impact on my left by Transcub SHD 81A (B) on 23 April 2019, 9.32am.

He lost control of his vehicle and drove past the divider and hit Toyota Van GBH 3080H in the front, before mounting the road kerb and stopped.

I went to assist driver of SHD 81A (B), Mr Sim and GBH 3080H (C), Mr Goh. After resting, both drivers said they are okay and do not require emergency ambulance attendance. I offered to call the Police but they said they need not police help.

Afterwards, 2 AETOs Security Police officers came by and took down our particulars. After making sure both drivers are okay, I proceeded on my way. The AETOs officer confirmed there is no public property damage on site.

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:

[Signature] 28/04/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8319366B**




Name
TAN YONG JIE
(CHEN YONGJIE)
陈永杰

Name
CHINESE

Date of birth
29-08-1983 Sex
M

Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **S8319366B**
Name
TAN YONG JIE
(CHEN YONGJIE)

Issue date **29 Jun 2003**
Valid till **27 Mar 2014**

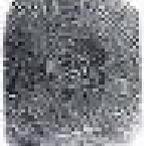


 **0022088107**

5892106



58319366B



Date of issue
24-09-2013

Address
APT BLK 278B JURONG WEST STREET 23
#09-107
SINGAPORE 640275

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

EXPIRES ON DATE

Class 3 **Motor Cars + 2000kg with not passengers, excluding 17 Sep 2004**
of the driver, and other motor vehicles on 2500kg

 License No: **S8319366B**

HP 426A

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0050 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 : MMA4191053152 Vehicle Registration No: SMC 8187Y
Name (as shown in NRIC) : TOH YONG JIE (Citizen) NRIC/FIN/Passport No : S8819366B
(*Vehicle Driver / Vehicle Owner*) (*Please delete as appropriate)
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91832683
Email Address : _____
Date of Accident : 23/04/2019 Time of Accident : 09:30
Place of Accident : junction of old Teluk Road / Teluk Lank
Insurance Company : CITICOR TOYOTA

(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:

Report Responder to ~~THEIR~~ OWN DAMAGE CLAIMS

Policyholder / Driver's Signature
Date:

[Signature] 25/04/2019
Reporting Centre Personnel's Signature
Name: Rishi Vardhan
NRIC/FIN No.: _____
Date: _____