

## 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	17/01/2020 16:42
Date Of Accident	16/01/2020 18:30
Exact Location Of Accident	JUNCTION OF UNIVERSITY RD & DUNEARN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8250A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHENG KENG ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	198802851K
Email Address	ADMIN@ZHENGKENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67568610

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	DMPCSN3057441900
Cover Note Number	01/08/2019 - 31/07/2020

### Driver

Name of Driver	TEE HONG TAT
NRIC No	S8980690I
Date Of Birth	28/10/1989
Occupation	INDOOR
Date Of Driving Pass	30/01/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85032414
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 291 BISHAN ST 24 #05-43
Postcode	570291
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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

I WAS DRIVING ALONG DUNEARN RD WHEN I REALISED SFE7987J DASHED OUT FROM UNIVERSITY ROAD. AS SUCH, I QUICKLY APPLIED BRAKE BUT COULDN'T IN TIME AND THUS HIT ONTO THE REAR RH PORTION OF SFE7987J (DOWNSLOPE ROAD SURFACE). 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	SFE7987J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG TECK CHYE
NRIC/Passport Number	S1115886B
Contact Number	96628622
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SML8250A  
INSURER: Ching  
DATE & TIME: 16/01/2020 @ 18:30

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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: Bouyin (AMK)  
NRIC/FIN No.: 17/01/2020

## Sketch Plan #2

SKETCH PLAN

Shell Petrol Kiosk

University rd

Dunearn Rd

A: SML8250A  
(alone)

B: SFE 7987J  
(w/ 1 passenger)  
Song Teck Chye  
S 1115886B  
Hp: 96628622.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: SMI 8250A (China)
Date & Time: 16/01/2020 @ 1830 (raining/wet)
I was driving along Dunearn road when i realised SFE7987J dashed out from University road. As such, i quickly applied brake but couldn't in time and thus hit onto the rear RH portion of SFE7987J (downslope road surface). No one was injured.
Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with 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: (AMK)  
NRIC/FIN No: \_\_\_\_\_

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

## Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. 889806901



Name  
**TEE HONG TAT**  
戴宏達

Race  
**CHINESE**

Date of birth  
**20-10-1999**


Sex  
**M**

Country/Place of birth  
**Malaysia**



REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number **889806901**



Name  
**TEE HONG TAT**

Date of birth  
**20 Oct 1999**

Issue Date  
**30 Jan 2019**



Barcode: 889806901

88980693



Vehicle No. **889806901**



Nationality  
**Malaysian**

Date of issue  
**18-01-2019**

Address  
**SPT 8, 8-01, 8-04, 8-05 STREET 01, K05-43  
SINGAPORE 070301**


Vehicle No. **889806901** Issue Date **03/12/2018**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

EXPIRATION DATE  
**30 Jan 2019**

Class 3 Motor cars with maximum weight **< 3500kg** with or without trailer, exclusive of motor and other road vehicles with combined weight **> 3500kg**

AP 4284



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: S66590206 / GST Reg. No.: M40017735

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

## ADDENDUM

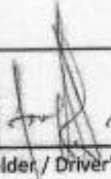
### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MCHM20008119 Vehicle Registration No: SML8250A  
 Name (as shown in NRIC): Zhang Keng Eng & Constm Pte NRIC/FIN/Passport No: 198802851K  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore (    )  
 Contact (Tel): 67568610 Mobile No.: \_\_\_\_\_  
 Email Address: admin@zhengkeng.com.sg  
 Date of Accident: 16/01/2020 Time of Accident: 18:30  
 Place of Accident: Junction of University rd & Dunearn rd  
 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:

To amend claim to Own Damage claim and uninsured  
losses against TP.

  
 Policyholder / Driver's Signature  
 Date: 31/1/2020

  
 Reporting Centre Personnel's Signature  
 Name: Dorlyn  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 31/01/2020