

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	19/05/2020 11:34
Date Of Accident	16/05/2020 14:30
Exact Location Of Accident	TAMPINES RD TWDS HOUGANG AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW4261H
Insured/Policyholder	
Name Of Registered Owner	NGEE SENG HING
Co Reg No	0XXXX400X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62897779

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3017781901
Cover Note Number	

Driver

Name of Driver	TAN CHING LING
NRIC No	SXXXX343D
Date Of Birth	28/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1968
Driving Experience	51 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-98361596
Fax Number	
Contact Number	OFFICE-98361596
EEmail Address	NOEMAIL

Address	BLK 222 SERANGOON AVENUE 4 #11-250
Postcode	550222
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 - 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?	
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

REFER TO STATEMENT.

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	SKK9046X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

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 (POPA)**

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.

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NGEE SENG HING

Policyholder's Signature
Date & Time: Proprietor

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

	<p>A: GW4261H B: SKK9046X</p> <p>Along Tampines Road towards Hougang Ave 1</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stopped and stationary at centre lane of 3 lanes along Tampines Road towards Hougang ave 1 due to Red in traffic

Suddenly, I felt an impact. Veh B collided onto rear portion of my vehicle and caused damaged.

[Signature]

DECLARATION

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

NSEE SENG HING

Policyholder's Signature
Date & Time:

Proprietor

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

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

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Tan Ching Ling (Contact: 9836 1596)
NRIC/FIN S0068343D, has reported to the Police a non-injury traffic accident
which occurred at Along Tampines Road on 15/05/2020 at about 1400hrs involving
the following vehicles:

1. GW 4261 H – Complainant, Tan Ching Ling
2. SKK 9046 X – Mr Raymond (Contact: 9176 6792)

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: W/Sgt (2) Janice Tan

Date: 16/05/2020

Time: 1544hrs

S/D Ref:

Police Post/Unit: Serangoon Neighbourhood Police Centre

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

Version as of 15 Jan 2002

CONFIDENTIAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S65500200 / 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 : MNA120046901 Vehicle Registration No: GW 4261H
Name (as shown in NRIC) : Tan Ching Ling NRIC/FIN/Passport No : S0068343D
(* Vehicle Driver / ~~Vehicle Owner~~ (*) Please delete as appropriate
Address : Blk 222 Serangoon Avenue 4, #11-250 Singapore (1955)
Contact (Tel) : 99361596 Mobile No. : _____
Email Address : _____
Date of Accident : 16.05.2020 Time of Accident : 1430
Place of Accident : Tampines Road Towards Hougang Ave 1
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:

Initially, vehicle B got me to go to his workshop
and would like to compensate me, due to the
high cost so vehicle B said to claim against
his Insurance policy.

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NGEE SENG HING

Policyholder / Driver's Signature

Date: _____

Proprietor

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____

Date: _____