

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	14/09/2020 10:25
Date Of Accident	12/09/2020 13:00
Exact Location Of Accident	HAIG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5477J
Insured/Policyholder	
Name Of Registered Owner	SOH ZEE JIN
NRIC No	S8231822D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88280728
Alternative Phone No	OFFICE-88280728

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3059841900
Cover Note Number	

Driver

Name of Driver	SOH ZEE JIN
NRIC No	S8231822D
Date Of Birth	24/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88280728
Fax Number	
Contact Number	OFFICE-88280728
E-Mail Address	NOEMAIL

Address	BLK 10 HAIG ROAD #10-365
Postcode	430010
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 - 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?	
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

ON THE MENTIONED DATE & TIME, I WAS TRAVELLING ALONG THE HAIG ROAD, AS MY VEHICLE HAD BLOCKED OTHER VEHICLES' WAY WHICH EXITED FROM HDB CAR PARK. HENCE, I REVERSED MY VEHICLE BACK A BIT TO GIVE WAY TO THEM. UNFORTUNATELY, VEHICLE B WAS MOVING STRAIGHT BEHIND ME. THUS MY VEHICLE'S REAR PORTION ACCIDENTALLY HIT ONTO ITS DRIVER DOOR SIDE. 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	SHD7213R
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

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:

14/09/2020
10:10 am.

Driver's Signature

(If driver is not the policyholder)

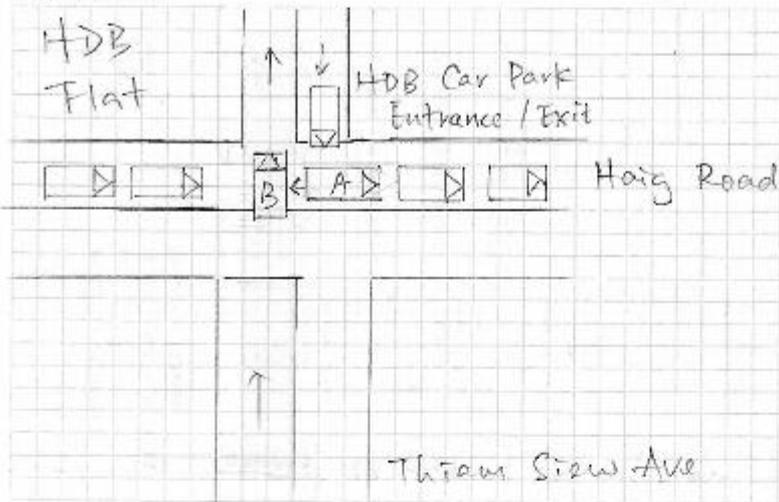
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DOA: 12/09/2020

Time: 13:00 pm

A: SLN 5477J

B: CHD 7213R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date & time, I was travelling along the Haig Road, as my vehicle was blocked other vehicles' way which exited from HDB Car Park. Hence, I reversed my vehicle back a bit to give way to them. Unfortunately, vehicle B was moving straight behind me, thus my vehicle's rear portion accidentally hit onto its driver door side. No one was injured.

DECLARATION

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

Policyholder's Signature
 Date & Time: 14/09/2020
 10:10 am.

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

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

(ARMY Sketchpad Form V)

REPUBLIC OF S
IDENTITY CARD NO.



Name

SOH ZEE JIN

苏 思 仁

Race

CHINESE

Date of birth

24-09-1982

Sex

M

Country/Place of birth

SINGAPORE



11



REPUBLIC OF SINGAPORE



Licence Number:

Name:

SOH ZEE JIN

Birth Date: 24 Sep 1982

Issue Date: 16 Sep 2003



Identification Card

12 13 14 15 5170506



NRIC No.



Date of issue

13-05-2013

Address

APT BLK 10 HAIG ROAD
#10-365
SINGAPORE 430010



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

Class 2B	Motorcycles =< 200 CC
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

PASS DATE

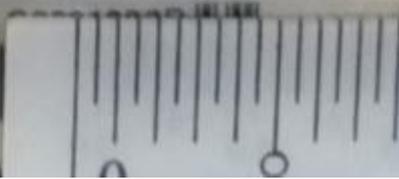
16 Sep 2003

24 Sep 2007

S / No. 9000059389



Licence No.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

