

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 | 23/09/2020 09:09 |
| Date Of Accident | 22/09/2020 00:40 |
| Exact Location Of Accident | BUKIT BATOK RD TWDS PIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMD1544R |
| Insured/Policyholder | |
| Name Of Registered Owner | LOH CHANG WEI |
| NRIC No | SXXXX997F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90937934 |
| Alternative Phone No | OFFICE-90937934 |

Vehicle Particulars

| | |
|--|----------------------------|
| Manufacturer | BMW |
| Model | 116D 5DR HATCHBACK DSC LED |
| 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? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMHCSNA00000051900 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LOH CHANG WEI |
| NRIC No | SXXXX997F |
| Date Of Birth | 26/09/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/10/2007 |
| Driving Experience | 12 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90937934 |
| Fax Number | |
| Contact Number | OFFICE-90937934 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 25 TECK WHYE LANE #03-156 |
| Postcode | 680025 |
| 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 | WET |

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? | YES |
| 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

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 | SJD8322D |
| 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) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLC7275U |
|-----------------------------|----------|

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)

DETAILS OF INJURED PERSON 1

Name LOH CHANG WEI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMD1544R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

STATEMENT

STATEMENT OF FACTS

1. The accident occurred on 10/01/2018 at 10:00 AM at the location of 1000 North Bridge Road, Singapore.
2. The accident involved 1 vehicle(s) of the make/model/year 2014 Honda Civic.
3. The driver of the vehicle(s) involved in the accident is Mr. [Name]. Any other relevant information about the driver of the vehicle(s) involved in the accident is None.
4. The insurance policy details of the vehicle(s) involved in the accident are as follows: None.
5. The driver of the vehicle(s) involved in the accident is None.
6. The driver of the vehicle(s) involved in the accident is None.
7. The driver of the vehicle(s) involved in the accident is None.
8. The driver of the vehicle(s) involved in the accident is None.
9. The driver of the vehicle(s) involved in the accident is None.
10. The driver of the vehicle(s) involved in the accident is None.

- a. I hereby authorize the Central Insurance Association of Singapore ("CIA") and/or its 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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - i. conducting an investigation into the accident;
 - ii. conducting an investigation into the accident;
 - iii. conducting an investigation into the accident;
 - iv. conducting an investigation into the accident;
 - v. conducting an investigation into the accident;
 - vi. conducting an investigation into the accident;
 - vii. conducting an investigation into the accident;
 - viii. conducting an investigation into the accident;
 - ix. conducting an investigation into the accident;
 - x. conducting an investigation into the accident;
 - xi. conducting an investigation into the accident;
 - xii. conducting an investigation into the accident;
 - xiii. conducting an investigation into the accident;
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 - xix. conducting an investigation into the accident;
 - xx. conducting an investigation into the accident;
 - xxi. conducting an investigation into the accident;
 - xxii. conducting an investigation into the accident;
 - xxiii. conducting an investigation into the accident;
 - xxiv. conducting an investigation into the accident;
 - xxv. conducting an investigation into the accident;
 - xxvi. conducting an investigation into the accident;
 - xxvii. conducting an investigation into the accident;
 - xxviii. conducting an investigation into the accident;
 - xxix. conducting an investigation into the accident;
 - xxx. conducting an investigation into the accident;


 Name: [Name]
 Date: [Date]

Name: [Name]
 Designation: [Designation]
 Date: [Date]


 Name: [Name]
 Date: [Date]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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