

# 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 Submission ..... 05/11/2020 17:29 (SGT)  
Date of Accident ..... 04/11/2020 22:00 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... SLE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC285E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... REHOBOTH E&C PTE.LTD.  
Company Reg No ..... -  
Email Address ..... teddymoffy83@gmail.com  
Mobile Phone No ..... (Phone) +65-87556435  
Alternative Phone No ..... +65-87556435

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... CABSTAR  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00100112000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN CHUN PENG (CHEN JUNPING)  
NRIC No ..... SXXXX938Z  
Date Of Birth ..... 25/09/1983  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/09/2004
Driving experience .....	16 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87556435
Alt. Phone Number .....	-
Email Address .....	teddymoffy83@gmail.com
Address .....	BLK 559 JURONG WEST STREET 42 #02-491
Address complement .....	-
Postcode .....	640559
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SLP2296Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number .....	GZ3828P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

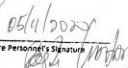
## SKETCH PLAN

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6. The 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.
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' lawyer/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' lawyer/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 used 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 Person's Signature  
Name:  
NRIC/FIN No.:

Scanned with CamScanner

SKETCH PLAN

SLE to BKE Before Laster

A: 66C 28SE  
B: SLP 2296Z  
C: GZ3828P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the mention date and time i was on my  
state lane driving lorry plate bearing 2BC 28SE  
there a accident on the first lane and i have  
block lane 1 and 2 I have come to a stop  
Stationary suddenly i get a huge impact from  
my rear . i alighted and know that i was in a  
3 car collision 2nd car B SLP 2296Z 3rd lorry  
GZ3828P  
I then know that car B have been rear  
ended By lorry C then Car B hit on my rear right  
then lorry C have continue rear ended my lorry C  
DECLARATION  
I/We declare that the above particulars are true in every respect.

Policyholder's Date & Time:

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

Regarding Centre Personnel's Signature  
Name:  
NIC/ID No.:

Scanned with CamScanner







































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0020 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
VEN: 561000016 / GTR Reg. No. 1440017755

**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: MNA420097900 Vehicle Registration No: GBC 285 E  
Name (as shown in NRIC): TAN CHUN PENG NRIC/FIN/Passport No: S8329938 Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 559 JURONG WEST ST 42 #02-491 Singapore (610559)  
Contact (Tel): \_\_\_\_\_ Mobile No.: 87556435  
Email Address: \_\_\_\_\_  
Date of Accident: 04/11/2020 Time of Accident: 2200hrs  
Place of Accident: CTE SLE EXPRESSWAY  
Insurance Company: CHINA TAIPING INSURANCE

##### (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:

I want to add my email address  
Teddy.moffy83@gmail.com

  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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

03/06/2016 10:00:00 AM