

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	12/11/2020 16:08
Date Of Accident	11/11/2020 22:00
Exact Location Of Accident	124 HOUGANG AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1666D
Insured/Policyholder	
Name Of Registered Owner	LAKEVIEW INVESTMENTS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96368190
Alternative Phone No	OFFICE-64835615

Vehicle Particulars

Manufacturer	AUDI
Model	A6
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1835551901
Cover Note Number	

Driver

Name of Driver	TOH TIAN TING
NRIC No	SXXXX907E
Date Of Birth	03/08/1994
Occupation	INDOOR
Date Of Driving Pass	12/07/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91198873
Fax Number	
Contact Number	
Email Address	TIANTINGGG@GMAIL.COM

Address	BLK 252 COMPASSVALE ST #02-13
Postcode	540252
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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	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?	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)	2
Passenger 1	NAME: : TOH JENG NENG CASSANDRA GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	CCTV FROM SHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD1174Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG LI WENN MELVA
NRIC/Passport Number	SXXXX030E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TOH TIAN TING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJS1666D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TOH JENG NENG CASSANDRA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJS1666D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.



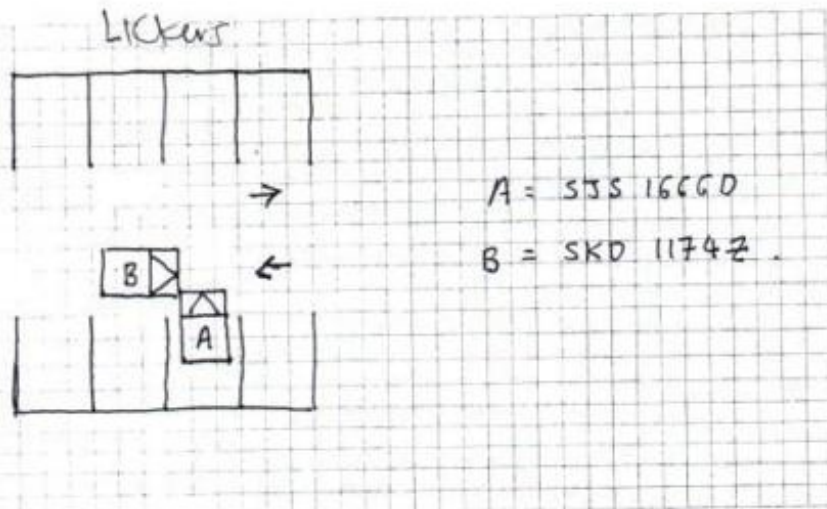
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 November 2020, 10pm, I was going to Lickens cafe to eat, I was parking into a lot, halfway reversing I stopped to make sure I was parked properly into the lot. At that moment, ^{when going to reverse} I saw vehicle SKD 1174Z (Audi A4) driving straight towards us without any intention of stopping. Next moment, when I was stationary, she continued to drive towards me and I heard a loud bang sound on my vehicle, ^{and vehicle, surprise moment} 535 166GD (Audi A6). Right after the collision (seen on the sketch above), I went down to check on the situation and she instantly reversed away from my vehicle without checking if there was any injury caused. My black Audi A6 front left headlight was severely damaged, ~~scratches~~ scratches all over the left bumper, part of my left bumper fell off, and water leaking for at least around 2 minutes. There was car dash cam installed (with blinking lights) at the front of her white Audi A4, I was sure it's in working condition. My passenger and I went to her car to confront her, she stayed still in the car and asked 'Now how you want to settle this.' Only her friend in her car came down to look @ the situation. My girlfriend went forward to ask one of the friend how come there was 2 friends onboard with her, did not even notice there was car in front and went driving straight still? Her friend mentioned, *they were all looking at how long the queue was at Lickens cafe (left side of driver's view of SKD 1174Z). We asked for her contact and exchange particulars, she refused to give her particulars. When we wanted to make a police report, one of her guy friend came and persuaded her to give her particulars and not make police report. When we asked for her driving license, she did not have it with her and mentioned she left it at home. We also realised that she is a probation & plate driver.

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:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S665500206 / 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 : MMA 120100346 Vehicle Registration No: SJS 1666D
 Name(as shown in NRIC) : Toh Tian Ting NRIC/FIN/Passport No : Sxxxx 907E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: 91198873
 Email Address : _____
 Date of Accident : 11/11/20 Time of Accident : 22:00
 Place of Accident : 124 Hougang Ave 1 Carpark
 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:

Amend Sketch. & Statement. Add In Video.
I wish to state: she was driving on the opposite direction of the road.
To elaborate according to the video, 1st reverse not in alignment into lot,
2nd attempt and pause to ensure surprisingly the car came from wrong
direction (see video attached, white car came so fast, no sign stopping,
very dangerous any crossing pedestrians could have been killed),
It happened so fast I had no time to react or horn her.
Video also shown the whole shop patrons heard the huge impact, turned to
check.

[Signature]
 Policyholder / Driver's Signature
 Date: _____



[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____