

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 20/11/2020 14:20 (SGT)
Date of Accident 19/11/2020 15:45 (SGT)
Exact Location of Accident Upper Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDR9118T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KANG SHIUAN SHIAN
NRIC No SXXXX985G
Email Address XUANXUN@GMAIL.COM
Mobile Phone No (Phone) +65-92728296
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Lexus
Model RX 270
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00152002003
Cover Note Number -

DRIVER

Name of Driver KANG SHIUAN SHIAN
NRIC No SXXXX985G
Date Of Birth 06/05/1976
Occupation Outdoor

Date Of Driving Pass	27/07/1995
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92728296
Alt. Phone Number	-
Email Address	XUANXUN@GMAIL.COM
Address	41A BEDOK RIA CRESCENT #03-61
Address complement	-
Postcode	489929
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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?	Yes

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

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC7423H
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) -

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

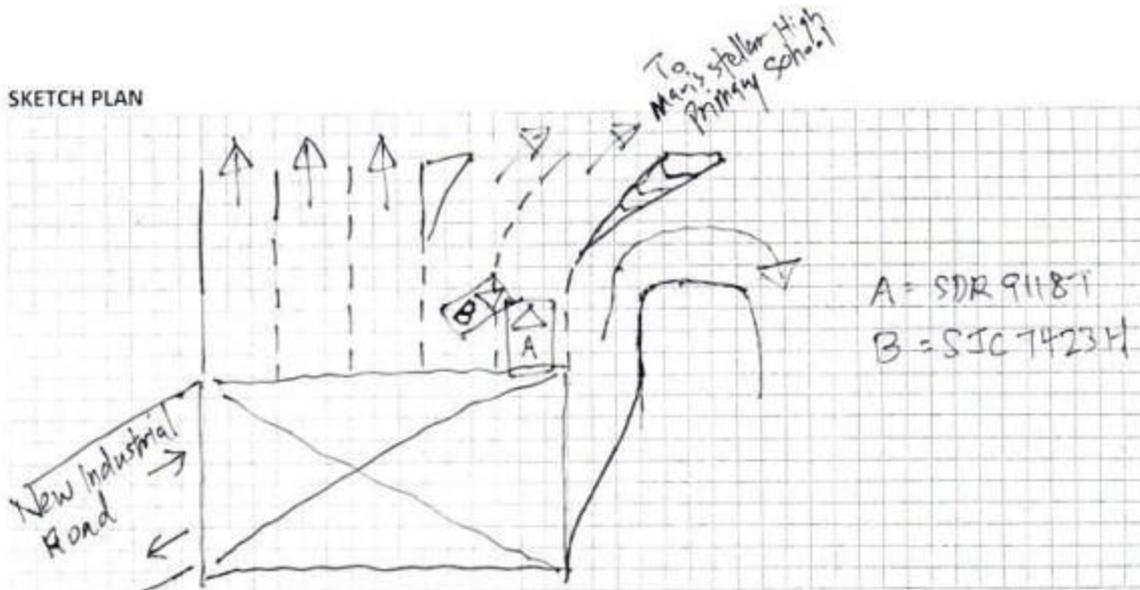
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 19/11/2020
 5:30 pm

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Upper Paya Lebar Road towards Maris Stella High (Primary) School. There were 2 lanes for turning right. Suddenly Vehicle B came out at a sharp angle and hit the front left of my car. I was all along sticking in my own lane. But vehicle B was seemingly trying to squeeze into my right to make a quick u-turn. As he was approaching from a sharp angle, I could not respond at all until I heard a cracking sound from the front left of my car.

Additional points:

1. The car SJC7423H was driven in a very peculiar manner. Upon impact, I braked my car immediately, but the driver still seemed to drag his car ahead. When you hear impact, you stop your car, you do not drag it further ahead.
2. After getting down from our cars, he asked me twice if I had called ~~my~~ insurance company and car workshop, which I thought why was he so concerned about who I called.
3. A few minutes after the accident, a lady appeared from nowhere and kept offering me that I follow her back to her workshop and that her workshop will immediately offer a spare car for me to drive. She repeated her offer at least 4 times and I was wondering why she did not approach the other driver instead of me. She even attempted to enter my car before I drove off, but I did not unlock for her to enter, as I felt it was unnecessary.
4. Shortly after her appearance, another 2 guys appeared. One of them joined in to persuade me. I was wondering why not offer their "help" to the other driver?

DECLARATION 5. After I drove off, the 3 persons and the driver cleared the scene almost immediately.
I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time: 19/11/2020 5:30 pm

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

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









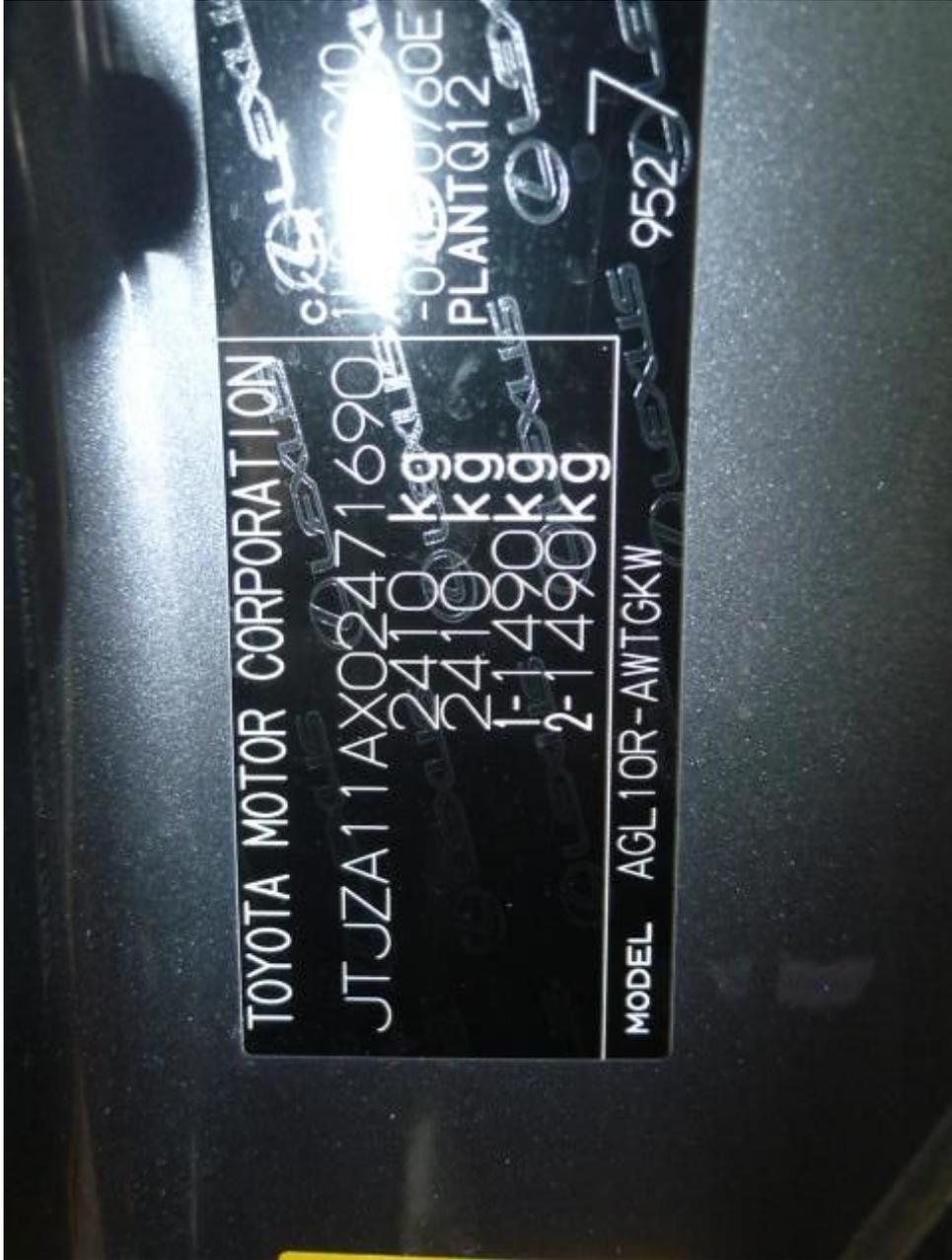
























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

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 : MNA 120103104 - 01 Vehicle Registration No: SDR 9118T
 Name (as shown in NRIC) : Kang Shuan Shuan NRIC/FIN/Passport No : SXXXX 985G
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 9272 8296
 Email Address : _____
 Date of Accident : 19/11/20 Time of Accident : 15:45
 Place of Accident : Upp Paya Lebar Rd
 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 Add In Email address :
xuanxun@gmail.com

[Signature]
 Policyholder / Driver's Signature
 Date:

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

GIARMC addendumform_v3