

# 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 ..... 14/01/2021 14:24 (SGT)  
Date of Accident ..... 13/01/2021 12:45 (SGT)  
Exact Location of Accident ..... Upper Serangoon Rd, Singapore  
Additional Location Information ..... Junction of Upper Serangoon Rd/Hougang Ave 4  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGE7272B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Lam Lian Seet  
NRIC No ..... S0285622J  
Email Address ..... vlkim75@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96880668  
Alternative Phone No ..... (Home) +65-96880668

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... OPTIMA 2.0 A/T ABS D/AB 2WD 4DR HID SR  
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 - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00066472000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Lam Kim San  
NRIC No ..... S7522817A  
Date Of Birth ..... 24/07/1975  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/04/2018
Driving experience .....	2 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96880668
Alt. Phone Number .....	-
Email Address .....	vlkim75@yahoo.com.sg
Address .....	Blk 151 Rivervale Crescent #16-96
Address complement .....	-
Postcode .....	540151
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Head to Rear
Weather Conditions .....	after rain
Road Surface .....	Wet

#### 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? .....	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

refer attached report.

#### ATTACHMENT(S)

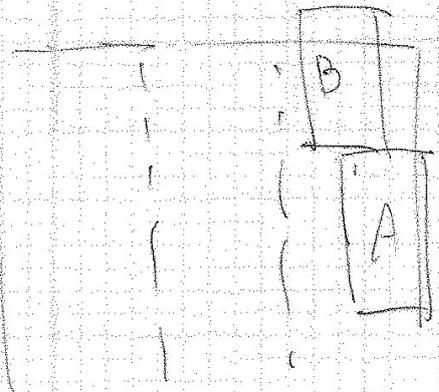
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLZ5565A
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Shuttle
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Lee Choon Wee
NRIC No .....	S6810656G
Contact Number .....	(Phone) +65-88383366
Address .....	-
Address complement .....	-
Postcode .....	-

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

SKETCH PLAN



A - SGE 7272B  
 B - SL2 5565A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We are at the traffic junction in stationary as it is red light. After some time, I saw the car on my left started to move starting to move off. So I straight the traffic light had changed into Green lights, so I let go the foot brake. My vehicle started to slowly move forward, upon seeing the vehicle in front was not moving off. I immediately stepped onto the brakes but my vehicle by this time had hit into the rear of the vehicle in front.

We both got out of our vehicle to check on the damages and I have also confirmed with both the vehicle owner and his male rear seating passenger that both of them are not injured, as the speed should be less than 20 km per hour, at that time of accident. I have offer the vehicle owner for Provisional Settlement but the vehicle owner insisted that he wants to change the damaged parts into "Brand New". As such, we have to let the insurer cover into this case of accident.

Accident place is at the junction of Upper Serangoon Road along / near to Hougang Ave 4

DECLARATION

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

*Caroline See*  
 Policyholder's Signature

Date & Time: 14/11/2021

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)

Date & Time: 14/11/2021

*[Signature]*  
 Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:

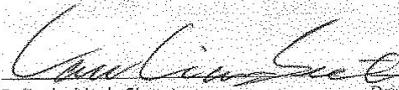
**SKETCH PLAN**

**IMPORTANT NOTICE**

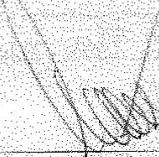
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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' 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: 14/1/2021

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 14/1/2021

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













