

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 20/01/2021 16:19 (SGT)
Date of Accident 20/01/2021 08:55 (SGT)
Exact Location of Accident 50 W Coast Cres, Singapore 128035
Additional Location Information between west coast road / west coast crescent cross junction
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ9702S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Allswell Motor Traders
Company Reg No 5XXXX889J
Email Address ben@allswellmotor.com.sg
Mobile Phone No (Phone) +65-91478545
Alternative Phone No (Office) +65-64625405

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 hire

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number -
Cover Note Number -

DRIVER

Name of Driver ruslan bn mohd noor
NRIC No SXXXX249G
Date Of Birth 16/12/1958
Occupation Outdoor

Date Of Driving Pass	15/02/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92984177
Alt. Phone Number	-
Email Address	ruslan1958@hotmail.com
Address	blk 416, Woodlands Street 41. #01-153
Address complement	-
Postcode	730416
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	unknown
Gender	Female

PASSENGER 2

Name	unknown
Gender	Female

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 sketch

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	SGN3993H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	chew hai teck
NRIC No	SXXXX117J
Contact Number	(Phone) +65-82888393
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.



[Signature]

Policyholder's Signature
Date & Time:

[Signature]

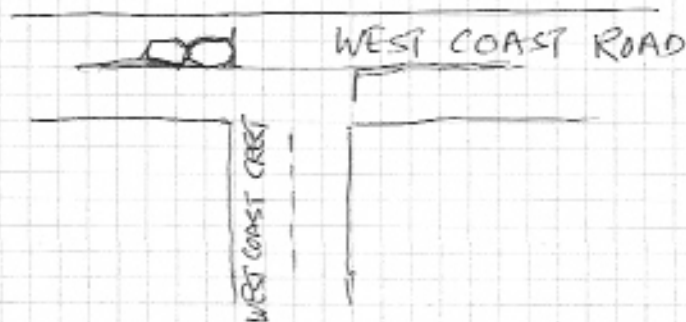
Driver's Signature
(If driver is not the policyholder)

[Signature]

Reporting Centre Personnel's Signature
Name:



SKETCH PLAN

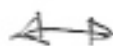


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 20th of January 2021, at approximately around 08:55hrs, I was driving along West Coast Rd with my wife and daughter in our vehicle. My vehicle (plate no. S&Q 9702S) was stopping position at a traffic light T-junction as I was obeying the red light. While waiting for the traffic light to turn green, my vehicle got hit from the back by a TOYOTA vehicle (plate no. S&N 3993H) driven by Mr. Derrick Chew. Due to the big impact caused by his vehicle's force, it has damaged the rear of my vehicle.

DECLARATION

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

























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA0R211K0001 Vehicle Registration No: SL697DS
Name (as shown in NRIC): ALLAN MUI TIONG NRIC/FIN/Passport No: 53192889J
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 25 Delfi Lane 9 Singapore 559206
Contact (Tel): _____ Mobile No.: 91478545
Email Address: alan@allanmuitiong.com.sg
Date of Accident: 20-01-2019 Time of Accident: 08:55hrs
Place of Accident: West Coast Road / West Coast Circuit Junction
Insurance Company: CHINA TAIPEI 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:

Input 3rd party details

SEN 3993H & details



Policyholder / Driver's Signature
Date:



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

GIAR/MC Addendum Form