

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 31/03/2021 18:06 (SGT)
Date of Accident 30/03/2021 20:40 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR2623C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KUOH CHEE YANG (GUO ZHI YANG)
NRIC No SXXXX692I
Email Address ice_breaker_01@hotmail.com
Mobile Phone No (Phone) +65-81332246
Alternative Phone No +65-81332246

VEHICLE PARTICULARS

Manufacturer Perodua
Model Bezza
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
Transmission Auto
CC 1300

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00091612002
Cover Note Number -

DRIVER

Name of Driver KUOH CHEE YANG (GUO ZHI YANG)
NRIC No SXXXX692I

Date Of Birth	27/11/1987
Occupation	Indoor
Date Of Driving Pass	04/06/2007
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81332246
Alt. Phone Number	+65-81332246
Email Address	ice_breaker_01@hotmail.com
Address	BLK 321A ANCHORVALE DR #11-12
Address complement	-
Postcode	541321
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 - 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)	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 TO STATEMENT.

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	SKZ184K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QAHIR THAM SING LOONG
NRIC No	TXXXX121E
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:

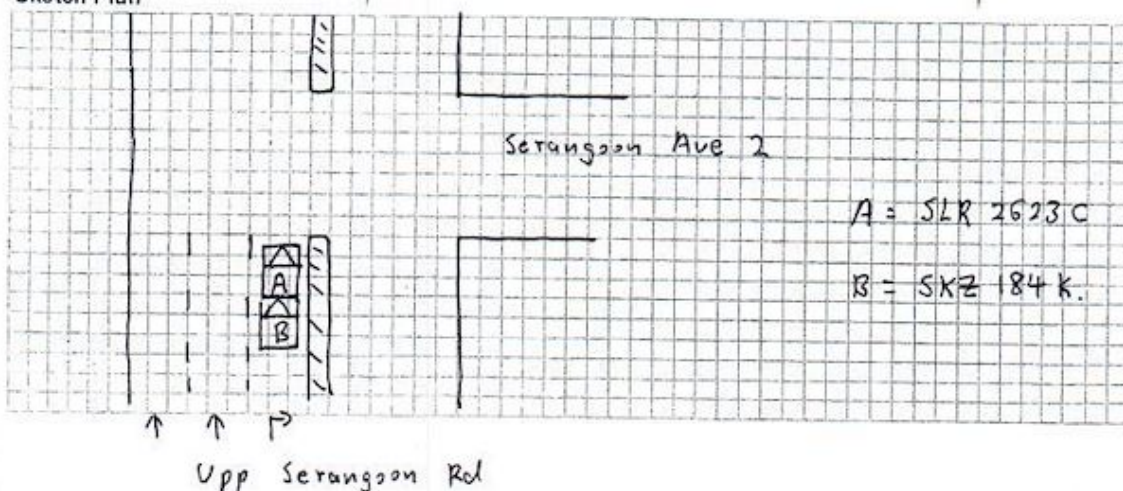
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 31/3/21
Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan

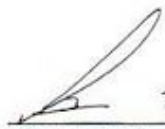


Describe Circumstances of the Accident

I stop at the traffic Junc of Upp
 Serangoon Rd waiting the green light to
 turning right into Serangoen Ave 2, out of
 a sudden, I felt an impact from behind.
 After the incident, I realized Veh B from
 behind collided onto my Veh rear portion.

Declaration

We declare the foregoing particulars are true in every respect.


 31/3/21
 Policyholder's Signature / Date &
 Time

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


 Witnessed by Reporting Centre
 Personnel























PRIVATE SETTLEMENT

1. Details of Accident:

Date / Time : 30/4/21 20:40 hrs Location : Upper Seangoon Road

2a. Motor-vehicle registration no. SKZ 184K driven by Quah Thum T0008121E

(Name & NRIC no) and owned by ~~T0008121E~~ Thum Khai Yew S8712209E (Name & NRIC no).

2b. Motor-vehicle registration no. SLR ~~2623C~~ driven by Kuoh Chee Yane S8738692F

(Name & NRIC no) and owned by Kuoh Chee Yane S8738692F (Name & NRIC no).

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: * delete a) or b) as applicable.

* a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

* b. Without any admission of liability, (party paying compensation) has paid a sum of \$ which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

Name (paying party): Quah Thum Tel: 9181 9255

NRIC / Passport no: T0009121E Signature: X Q

Name (owner receiving compensation): Kuoh Chee Yane Tel: 8133 2246

NRIC / Passport no: S8738692F Signature: X B