

# 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 ..... 19/04/2021 18:07 (SGT)  
Date of Accident ..... 19/04/2021 08:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UBI ROAD 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP704P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HOH KIN LOK  
NRIC No ..... S7813016D  
Email Address ..... jevon@wisol.com.sg  
Mobile Phone No ..... (Phone) +65-96910028  
Alternative Phone No ..... +65-96910028

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Gla180  
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  
Transmission ..... Auto  
CC ..... 1595

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00120572001  
Cover Note Number ..... 09/09/2020 - 08/09/2021

### DRIVER

Name of Driver ..... LIU YONGQI  
NRIC No ..... S9077753Z

Date Of Birth .....	29/05/1990
Occupation .....	Indoor
Date Of Driving Pass .....	05/02/2021
Driving experience .....	2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97912456
Alt. Phone Number .....	-
Email Address .....	yongqiq@gmail.com
Address .....	BLK 114 BEDOK RESERVOIR RD #10-152
Address complement .....	-
Postcode .....	470114
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HOH KIN LOK
Gender .....	Male

#### 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 .....	SHC3422K
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi


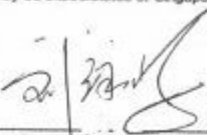

Name of Driver .....	MR BOO
Contact Number .....	(Phone) +65-97360716
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

1. VEHICLE NO.: SMP 704P  
 2. INSURER CO.: CHINA TAIPING  
 3. ACCIDENT  
 DATE & TIME: 19/4/2021 @ 0845 HRS

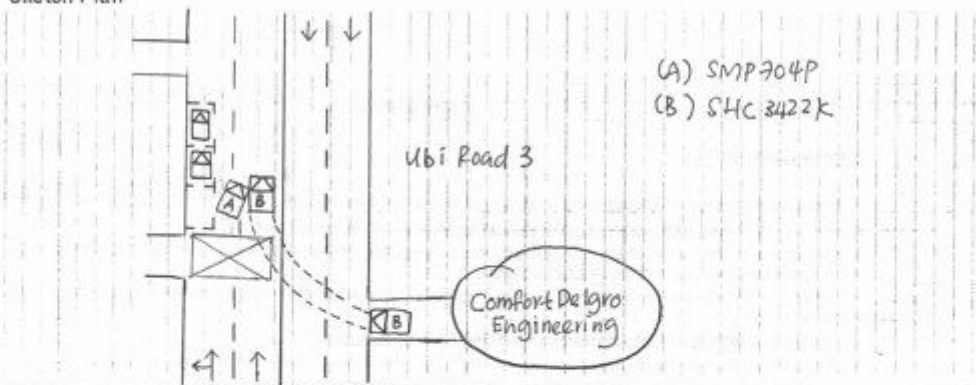
IMPORTANT NOTICE

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 willful 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. The 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.
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.

 Policyholder's Signature / Date & Time <u>19/4/2021</u> Sketch Plan	 Driver's Signature (if driver is not the policyholder) / Date & Time <u>19/4/2021</u>	 Witnessed by Reporting Centre Personnel <u>Donny (Ann) 19/04/21</u>
--	---	---

PLEASE  
TURN  
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/04/2021 at about 0845 hours, I was pressing on my right signal and wanted to exit from parking lot. I give way to main road vehicle and make sure there was no other vehicle on the road. I then proceed to move on.

Suddenly, there was taxi (B) SHC 3422K dashed out from minor road (Comfort Delgro HQ) and hit onto my vehicle (A) SMP704P front right portion and caused damage.

We alighted and exchanged particulars. No one was injured.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature  
Date & Time: 19/4/2021

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/4/2021

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

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
(x) Claim OD/TP at the workshop (ANIMANERK2 Pte Ltd)













