

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 21/04/2021 09:29 (SGT)
Date of Accident 22/01/2021 21:00 (SGT)
Exact Location of Accident Bedok North Ave 1, Singapore
Additional Location Information BEFORE CHAI CHEE ST JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP2077C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WHEELS EXPRESS RENTAL & LEASING PTE LTD
Company Reg No 2XXXXX594C
Email Address MIYANOGENSEN@GMAIL.COM
Mobile Phone No (Phone) +65-90603343
Alternative Phone No +65-90603343

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 hire
Transmission Auto
CC 1200

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00002832000
Cover Note Number -

DRIVER

Name of Driver DEON WONG CHIN KAM
NRIC No SXXXX952G

Date Of Birth	25/06/1970
Occupation	Outdoor
Date Of Driving Pass	16/05/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87138758
Alt. Phone Number	-
Email Address	DEONWONG888@HOTMAIL.COM
Address	331 LOYANG RISE
Address complement	-
Postcode	507303
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	No Collision
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	DESIREE
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 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	SMM7404A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ENG ENG NEE
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

IMPORTANT NOTICE

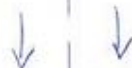
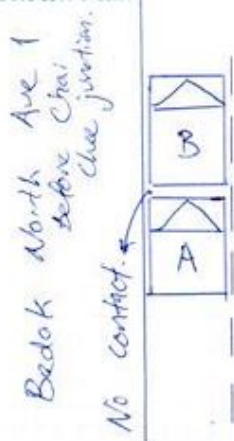
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMP 2077C

B: SMM 7404A

Describe Circumstances of the Accident

On 22/01/2021 at about 21:00 hrs, i was driving my vehicle along Bedok North Ave 1 before Chai Chee St junction. My vehicle was stationary at the traffic light junction and when the front vehicle B (SMM7404A) moved off, i release my brake and move forward a little. Out of a sudden, Veh. B brake and i also braked. Veh B driver came out of his vehicle and upon seeing him alighting his vehicle, i also alighted. He stated that i hit his vehicle rear portion but there was no collision and damage. As it was a night time and visibility is unclear, we exchange contact to access the damage the following day. Veh. B ~~also~~ driver only called me on 25/01/2021 and told me to pay for his damages, i keep insisting that there was no collision. So there was no damage. ~~As~~ i request to see the damages but he is uncooperative and told me that we settle our own damage. I did not file a report as i ~~was~~ was not aware that he filed a report.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel



















