

# 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 ..... 17/05/2021 18:25 (SGT)  
Date of Accident ..... 15/05/2021 00:30 (SGT)  
Exact Location of Accident ..... Pasir Ris, Singapore  
Additional Location Information ..... INTERSECTION ST 11 & ST 13  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJN4269Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AURORA CA RENTAL & LEASING SINGAPORE PTE LTD  
Company Reg No ..... 2XXXXX185K  
Email Address ..... RICHARDYEO\_1980@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-90229995  
Alternative Phone No ..... +65-90229995

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00003462000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CASPER CHUA YU XUN  
NRIC No ..... SXXXX524E

Date Of Birth .....	16/02/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	23/05/2018
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93369662
Alt. Phone Number .....	-
Email Address .....	CASPERCHUA@HOTMAIL.COM
Address .....	BLK 129 PASIR RIS ST 11
Address complement .....	#03-303
Postcode .....	510129
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

PLS REFER TO THE ATTACHED 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 .....	FBQ6907G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	FIRDAUS
Contact Number .....	(Phone) +65-91144241
Address .....	-
Address complement .....	-

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

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... CASPER CHUA YU XUN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SJN4269Z  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### WITNESS DETAILS

#### WITNESS 1

Name ..... ALISYA  
Phone ..... (Phone) +65-90721062  
Email ..... -

#### WITNESS 2

Name ..... ALFRED  
Phone ..... (Phone) +65-94506086  
Email ..... -

#### WITNESS 3

Name ..... SHAWN  
Phone ..... (Phone) +65-91746896  
Email ..... -

**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.

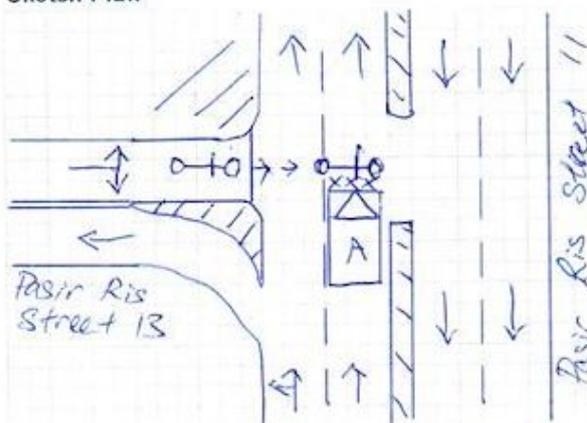


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: SJN4269Z  
B: FBQ6907G

**Describe Circumstances of the Accident**

On 15/05/2021 at about 00:30 hrs, i was driving my vehicle (SJK4269Z) travelling straight along Pasir Ris street 11 on the right lane. As i was approaching the intersection between Pasir Ris St 11 and Pasir ris st 13, vehicle B (#FBQ6907G) did not stop at the stop line and wanted to turn right to pasir ris street 11 from pasir ris street 13. Upon seeing it, i applied my emergency brake, as it was too sudden, our vehicle collided. Upon collision, the rider flew on to my windscreen and roll to the right side of my vehicle. After alighting the vehicle, vehicle B rider kept apologizing to me and insist not to call the ambulance. The rider sat at the side and rested while i called the ambulance. Nobody was conveyed to the hospital and we were told to settle the issue through insurance. There were two witnesses that saw the accident and render assistance to the rider. After that, there was a witness that saw the whole accident scene from Block 180 just beside the intersection and told me that he can be my witness to the accident.

Witness details

Alisya - 90721062  
 Alfred - 94506086  
 Shawn - 91746896

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 17/05/21

Witnessed by Reporting Centre Personnel



















