

# 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 .....	18/05/2021 10:06 (SGT)
Date of Accident .....	17/05/2021 07:55 (SGT)
Exact Location of Accident .....	Choa Chu Kang Ave 3, Singapore
Additional Location Information .....	JUNCTION OF CHOA CHU KANG DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMX1569P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TOW WEIYA, JASON
NRIC No .....	SXXXX732B
Email Address .....	mafiaayumi@yahoo.com
Mobile Phone No .....	(Phone) +65-96422638
Alternative Phone No .....	+65-96422638

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E250
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 .....	1991

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00186692000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TOW WEIYA, JASON
NRIC No .....	SXXXX732B

Date Of Birth .....	15/05/1982
Occupation .....	Indoor
Date Of Driving Pass .....	02/11/2005
Driving experience .....	15 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96422638
Alt. Phone Number .....	+65-96422638
Email Address .....	mafiaayumi@yahoo.com
Address .....	345 CHOA CHU KANG AEVNUE 3 #10-29
Address complement .....	-
Postcode .....	689876
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 - Cross Junction
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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SGT9686Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
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 ..... TOW WEIYA, JASON  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SMX1569P  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

# SKETCH PLAN

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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.

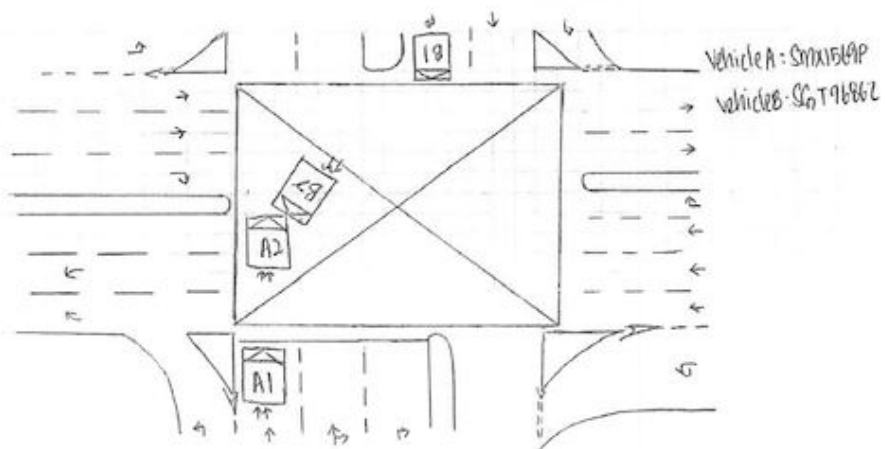
[Signature]  
Policyholder's Signature / Date & Time

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

[Signature] 18/05/2021  
Witnessed by Reporting Centre Personnel

## Sketch Plan

Cheong Chu Kang Ave 3  
and Cheong Chu Kang Dr  
Junction




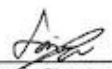
## Describe Circumstances of the Accident

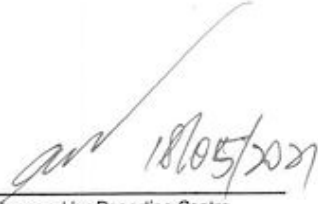
On the stated date & time, I, vehicle A (SMX1569P) was travelling straight at the stated location on lane 3. Suddenly, I felt an impact from the front right portion of my vehicle. Vehicle B (SGT966Z) collided onto the front right portion of my vehicle causing damages.

## 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

























10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

11 Dec 2020

Our ref 1112200203N062050918

TOW WEIYA, JASON  
345 CHOA CHU KANG AVENUE 3  
#10-29  
SINGAPORE 689876

Dear MR TOW WEIYA, JASON

**You Have Successfully Retained Vehicle Registration No. SCZ2228A**

You have successfully retained vehicle registration number SCZ2228A. The number cannot be transferred to another person, and any fees paid will not be refunded.

The details of the application are as follows:

Business Transaction Ref. No.	: 20201211152134759161
Vehicle Registration Number Retained	: SCZ2228A
Retention Fee Paid	: \$1,300.00
Vehicle Make	: MERCEDES BENZ
Vehicle Model	: E250 AVG (R18 LED)
Chassis No.	: WDD2130452A250334
Engine No./ Motor No.	: 27492031037924 / -
Replacement Registration Number Assigned to Above Vehicle	: SMX1569P

**What You Need To Do:**

- You must use your Vehicle Registration Number before it expires on 10 Dec 2021.
- If you are using the number on a new vehicle, you must tell your motor dealer to use this number on the vehicle **before the new vehicle is registered**. Otherwise, LTA will assign a system-generated number to the new vehicle, and you will not get a refund of \$1,200 if you subsequently use your retained number on your newly registered vehicle.
- For the vehicle you took the number from, you need to display its new number by 14 Dec 2020. However, you do not need to display the new number if you deregister the vehicle by 14 Dec 2020.