

## 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 .....	25/05/2021 12:14 (SGT)
Date of Accident .....	24/05/2021 19:25 (SGT)
Exact Location of Accident .....	Xilin Ave, Singapore
Additional Location Information .....	JUNCTION OF XILIN AVE TOWARDS CHANGI ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJC8835X
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SOPHIA MONG KIM ENG
NRIC No .....	S1693016D
Email Address .....	SOPHIAMONG11@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96833934
Alternative Phone No .....	+65-96833934

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla200
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 .....	DMPCSNW00165242007
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	SOPHIA MONG KIM ENG
NRIC No .....	S1693016D

Date Of Birth .....	07/09/1965
Occupation .....	Indoor
Date Of Driving Pass .....	10/02/1992
Driving experience .....	29 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96833934
Alt. Phone Number .....	+65-96833934
Email Address .....	SOPHIAMONG11@GMAIL.COM
Address .....	110 JALAN PELATOK
Address complement .....	-
Postcode .....	488449
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? .....	Yes
Police Station Name .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND NOTICE OF REPORTING ATTACHED.

#### 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 .....	SLT1047L
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	VioletRed
Vehicle Category .....	Private car

Name of Driver .....	FEMALE DRIVER
Contact Number .....	(Phone) +65-98805038
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**SKETCH PLAN****IMPORTANT NOTICE**

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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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* 25/5/21

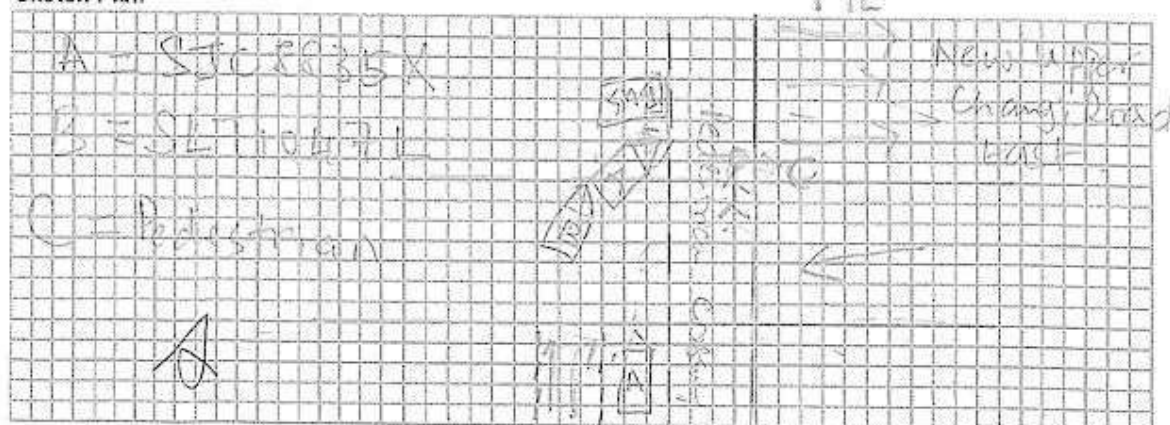
Policyholder's Signature / Date & Time

11am

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

*[Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

Accident happened at the junction of Xin Ave and Upper Chang Road East on 27th May at about 7:35pm.

I was on the extreme right lane turning right from Xin Ave to travel along Upper Chang Road East (The green arrow was on). A pedestrian started running across the pedestrian crossing despite the red-man light being on. In the interest of safety, I stopped at the pedestrian crossing, as did a bus. That was when the moped (SLT) (SLT1047) drove into the back left side of my car (left side of the car is bumper portion).

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &

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



Witnessed by Reporting Centre