

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	14/05/2021 17:28 (SGT)
Date of Accident	13/05/2021 22:00 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	BEFORE TURNING YEW TEE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9452U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EASWARAN S/O SELVAMANICKAM
NRIC No	SXXXX017F
Email Address	easwaran07@hotmail.com
Mobile Phone No	(Phone) +65-91098171
Alternative Phone No	+65-91098171

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	1390

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00075562000
Cover Note Number	-

DRIVER

Name of Driver	EASWARAN S/O SELVAMANICKAM
NRIC No	SXXXX017F

Date Of Birth	07/07/1986
Occupation	Outdoor
Date Of Driving Pass	28/11/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91098171
Alt. Phone Number	+65-91098171
Email Address	easwaran07@hotmail.com
Address	BLK 673A CHOA CHU KANG CRESCENT #05-413
Address complement	-
Postcode	681673
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	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)	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	SMX3467L
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) -

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.

<i>[Signature]</i> Policyholder's Signature / Date & Time	<i>[Signature]</i> Driver's Signature (If driver is not the policyholder) / Date & Time	<i>14/05/2021</i> Witnessed by Reporting Centre Personnel
Sketch Plan <i>Choa Chu Kang Road (Before Turnright / End Turn)</i> A) SLK 94524 B) SMX 38674		

Describe Circumstances of the Accident

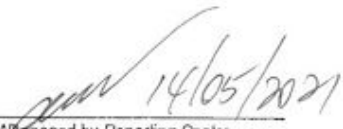
On the stated date and time, I was driving on lane one at Choa Chu Kang Road filtering to left on lane 2. The lane two was clear before I start to drive and close to lane 2 before merging to lane 2. Vehicle B SMX 3467L seem very fast on speed and was next to my left side. I quickly change wheel back to my lane and our vehicle ended side swap on each other. No injury during the incident.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

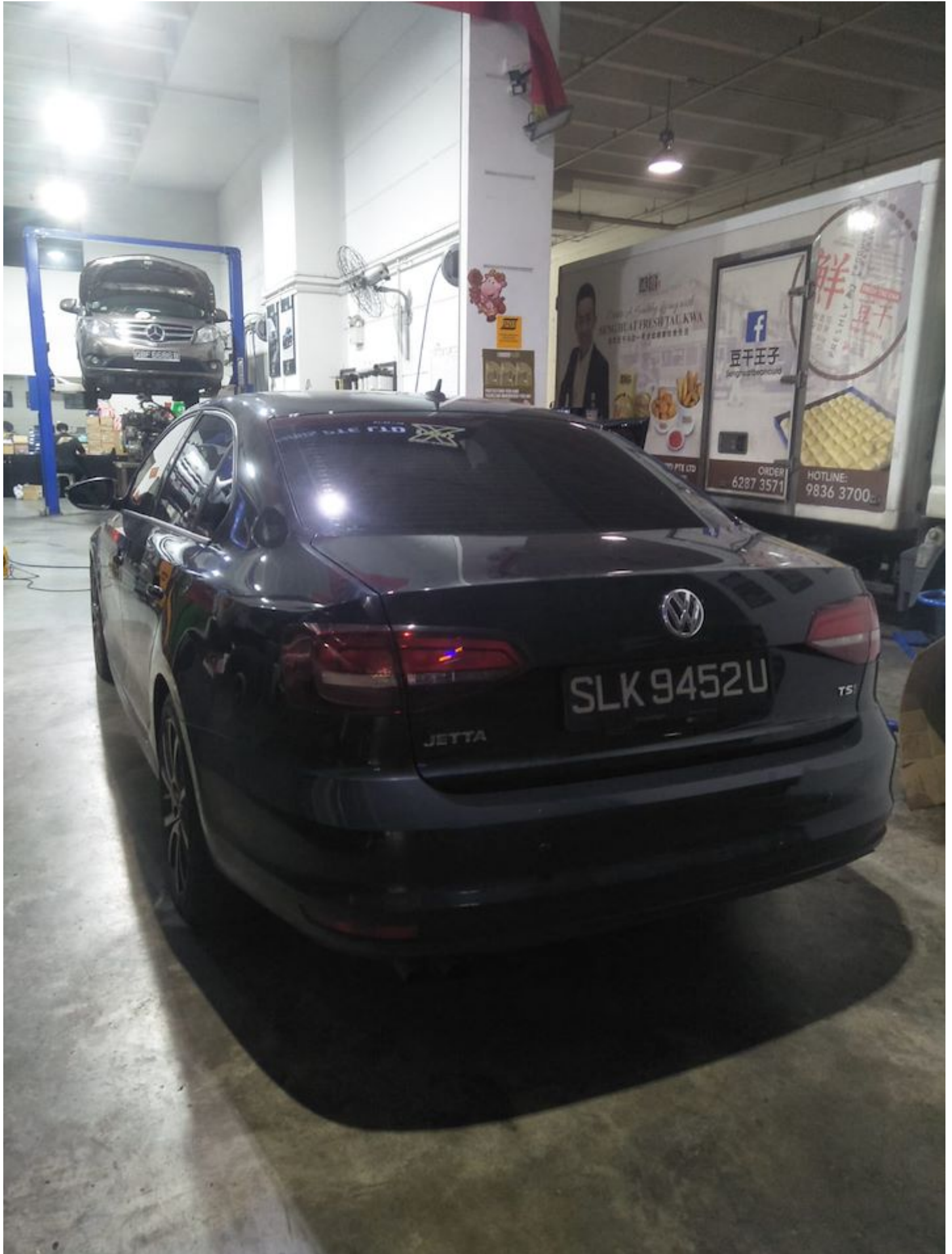

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel















IMPORTANT NOTE: Please submit the completed Addendum form to the ~~same~~ Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08215E0004 Vehicle Registration No: SAK 94524
 Name (as shown in NRIC): EASWARAN S/O SELVAMANICKAM S8619017F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 673A CHOA CHU KANG CRESCENT #05-413 Singapore (681673)
 Contact (Tel): 91098171 Mobile No.: _____
 Email Address: eswaran07@hotmail.com
 Date of Accident: 13/05/2021 Time of Accident: 2200 HRS
 Place of Accident: CHOA CHU KANG ROAD (SINGAPORE)
 Insurance Company: CHINA TAIPING INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I WOULD LIKE TO REVISED/AMEND MY CIA REPORTS FROM
REPORTING ONLY TO THIRD PARTY CLAIM.

B
 Policyholder / Driver's Signature
 Date: 18.06.2021

21/06/2021
 Reporting Centre Personnel's Signature
 Name: Koh Wook
 NRIC/FIN No.: _____
 Date: _____