

# 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 ..... 30/06/2021 14:33 (SGT)  
Date of Accident ..... 30/06/2021 11:40 (SGT)  
Exact Location of Accident ..... Chin Swee Rd, Singapore  
Additional Location Information ..... TOWARDS OUTRAM ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFC44L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YAP LAI MUNG  
NRIC No ..... SXXXX952C  
Email Address ..... yjosephine38@gmail.com  
Mobile Phone No ..... (Phone) +65-82880298  
Alternative Phone No ..... +65-82880298

### VEHICLE PARTICULARS

Manufacturer ..... Mini  
Model ..... Cooper  
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 car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00058412100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YAP LAI MUNG  
NRIC No ..... SXXXX952C

Date Of Birth .....	28/05/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	13/12/2003
Driving experience .....	17 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82880298
Alt. Phone Number .....	+65-82880298
Email Address .....	yjosephine38@gmail.com
Address .....	BLK 504A MONTREAL DRIVE #12-52
Address complement .....	-
Postcode .....	751504
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 vehicle 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 .....	MARTIN PEH
Gender .....	Male

#### 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 .....	GM4334J
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Liteace
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	MR. LIM
NRIC No .....	SXXXX679H
Contact Number .....	(Phone) +65-96644163
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

Veh A: SFC 44L

Veh B: 6M 43343

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 30/6/2021  
1230 PM

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 30/6/2021  
1230 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN

Veh A: SFC 44L

Veh B: GM 43343

⇒ Outram Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the exit of Outram (113), I came to a complete stop at the traffic light as the red.

A van came from behind without stopping a knock on the rear of my car. Overthump traffic light is in my favour. & we are all in complete stop. As there is a car in front of me too.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date &amp; Time:

me: 70/6/2011

123.0 m

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time:

30/6/2021

1230 pm

Reporting Centre Personnel's Signature

Report  
Name:

NRIC/FIN No.:































