SN0921710003-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 01/07/2021 10:47 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 2 (01/07/2021 15:51 (SGT))

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 witholding 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	01/07/2021 10:47 (SGT)
Date of Accident	30/06/2021 14:00 (SGT)
Exact Location of Accident	Corporation Dr, Singapore
Additional Location Information	NEAR TAMAN JURONG GARDEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ741C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN JINGUANG
NRIC No	SXXXX383A
Email Address	shawn7530@hotmail.com
Mobile Phone No	(Phone) +65-97385698
Alternative Phone No	+65-97385698

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	AXIO
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00002532104
Cover Note Number	-

DRIVER

Name of Driver	CHEN JINGUANG
NRIC No	SXXXX383A

Date Of Birth	07/07/1966
Occupation	Indoor
Date Of Driving Pass	02/08/2011
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97385698
Alt. Phone Number	+65-97385698
Email Address	shawn7530@hotmail.com
Address	BLK 668 WOODLANDS RING RD
Address complement	#03-349
Postcode	730668
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	XD1268H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WANG JIAPING
Passport No/FIN	GXXXX241T
Contact Number	(Phone) +65-90833725
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	CHEN JINGUANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKZ741C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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6. The 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.
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**")

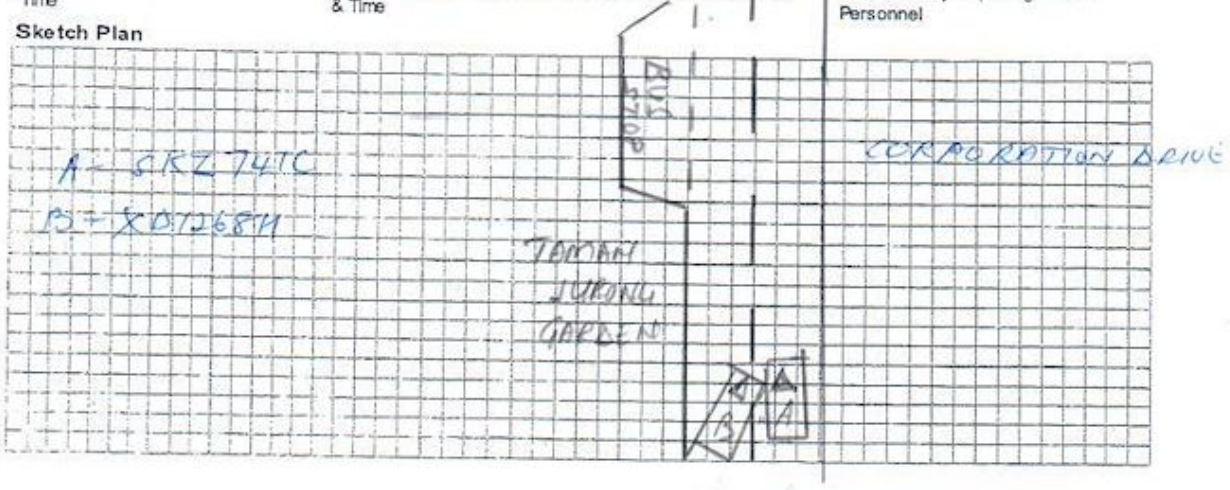
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

30.6.2021 | 30.6.2021 | 01/07/21

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Corporation Drive on the extreme right lane. After the red traffic light junction suddenly veh B from my left swerved into my lane and hit onto my front left side portion and grazed to the rear portion of my veh.
(passed)

Declaration

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

30.6.2021 — Policyholder's Signature / Date & Time

30.6.2021 — Driver's Signature (If driver is not the policyholder) / Date & Time

01/07/21 — Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11


TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-NRE161-AEXEB
ENGINE 2NR-FKE 1496 mL
FRAME No. NRE161-0010512
COLOR TRIM PLANT OPTION
1E7 FC21 N21
TRANS./AXLE K312 -03A 159

IMAGES #12

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN0921710003 Vehicle Registration No: SKZ741C

Name (as shown in NRIC): CHEN JINGUANG NRIC/FIN/Passport No: SXXXX383A

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 668 WOODLANDS RING RD #03-349 Singapore (730668)

Contact (Tel): Mobile No.: 97385698

Email Address:

Date of Accident: 30/06/21 Time of Accident: 14:00

Place of Accident: CORPORATION DRIVE

Insurance Company: CHINA TAIPING

(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:

AMEND EMAIL ADDRESS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature 01/07/21
Name:
NRIC/FIN No.:
Date:

CIARMC Addendum Form