

# 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 .....	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
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### 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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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.

<p><i>[Signature]</i> 30.6.2021</p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i> 30.6.2021</p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 01/07/21</p> <p>Witnessed by Reporting Centre Personnel</p>
<p><b>Sketch Plan</b></p>		



**Describe Circumstances of the Accident**


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

**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































