# **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 19/07/2021 19:40 (SGT) Date of Accident 18/07/2021 11:20 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS AYE BFR BRADDELL ROAD EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGD6439A

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LENG POH CHUAN NRIC No. SXXXX240B Email Address LENGPC@GMAIL.COM Mobile Phone No (Phone) +65-98526915 Alternative Phone No +65-98526915

### VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios 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

### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00001222100 Cover Note Number

1497

# DRIVER

CC

Name of Driver LENG POH CHUAN NRIC No. SXXXX240B

Date Of Birth 06/04/1974 Occupation Outdoor Date Of Driving Pass 12/11/1997 Driving experience 23 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98526915 Alt. Phone Number +65-98526915 Email Address LENGPC@GMAIL.COM Address 15 SEMBAWANG CRESCENT #15-28 Address complement Postcode 757060 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJL3431M Vehicle Manufacturer

Private car

# Contact Number Address Address complement

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

| Postcode                                | - |
|---|---|
| Insurance Company Name                  | _ |
| Nature Of Damage                        | _ |
| Details of property damaged in accident | _ |
| No. Of Passenger (Including Driver)     | _ |

# DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number             | GBJ4500X           |
|---|--------------------|
| Vehicle Manufacturer                    | -                  |
| Vehicle Model                           | -                  |
| Vehicle Variant                         | -                  |
| Vehicle Colour                          | -                  |
| Vehicle Category                        | Commercial vehicle |
| 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)     | -                  |
|   |                    |

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

| GBJ1200G           |
|--------------------|
| -                  |
| -                  |
| -                  |
| -                  |
| Commercial vehicle |
| -                  |
| -                  |
| -                  |
| -                  |
| -                  |
| -                  |
| -                  |
| -                  |
| -                  |
|                    |

# **INJURED PERSONS DETAILS**

# INJURED 1

| Name of injured person                              | LENG POH CHUAN |
|---|----------------|
| Address   | -              |
| Address Complement                                  | -              |
| Post Code   | _              |
| Approximate Age Years Old                           | -              |
| Injuries Sustained                                  | BODY           |
| Injured person in which vehicle?                    | SGD6439A       |
| Were seat belts worn?                               | Yes            |
| Was this injured conveyed to hospital by ambulance? | No             |

# SKETCH PLAN

## **IMPORTANT NOTICE**

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

| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was driving straight along the CTE towards AYE b4 Braddell Rd Exit 10 at 4th lane of 6 lanes |                        |
|---|------------------------|
| he traffic at that point of time was heavy, all vehicles in front of me topping intermittently.                                     | were moving slowly and |
| As the car in front of me had slowed down and stopped, I also follow  | ved suit.              |
| Suddenly, I felt a huge impact from behind. Veh "b" collided into the rehicle and caused damage.                                    | rear portion of my     |
| alighted and realized there were a total of 4 vehicles involved.  |                        |
| alighted and realized there were a total of 4 verifices involves.   |                        |
|   |                        |
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|   |                        |

# DECLARATION

I/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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:















