Your NCD will be affected due to late reporting

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	05/08/2021 14:41 (SGT)
Date of Accident	24/07/2021 13:50 (SGT)
Exact Location of Accident	Lor 8 Toa Payoh, Singapore
Additional Location Information	SLIP RD TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR158B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOHNEY KHOO UNG CHEN
NRIC No	SXXXX410H
Email Address	johneykhoo@gmail.com
Mobile Phone No	(Phone) +65-90028830
Alternative Phone No	+65-90028830

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00001142100
Cover Note Number	-

DRIVER

Name of Driver	JENNY HIN
NRIC No	SXXXX152Z

Date Of Birth	09/01/1983
Occupation	Indoor
Date Of Driving Pass	04/10/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90028830
Alt. Phone Number	-
Email Address	jennyhin123@gmail.com
Address	BLK 202 TOA PAYOH NORTH
Address complement	#06-1091
Postcode	310202
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	LEE YAN EN
Gender	Female

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	SLU3970C
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

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. 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.

Policyholder's Signature / Date & Time

5/8/2021

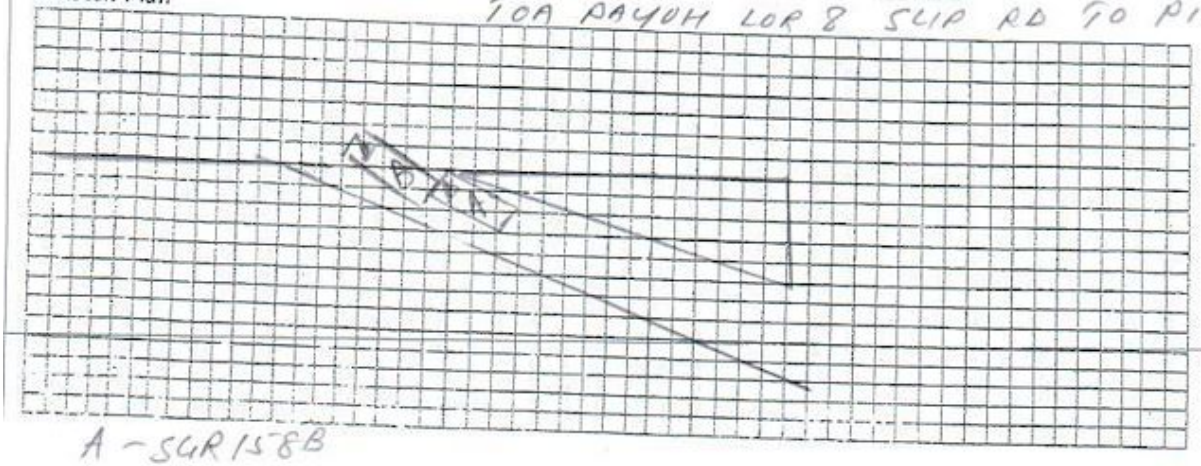
Driver's Signature (if driver is not the policyholder) / Date & Time

05/08/21

Witnessed by Reporting Centre Personnel

Sketch Plan

TOA PAYOH LOR 8 SLIP RD TO PIE



A - SGR 158B

B - SLU 3970C

Describe Circumstances of the Accident

I was travelling from Toa Payoh Lor 8 slip road to PIE. Infront of my moved off at the gueway line and I followed suit. Suddenly veh B stop and my veh touch the rear right portion of veh B.

Declaration

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

Policyholder's Signature / Date & Time

5/8/2024

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

05/08/24

Witnessed by Reporting Centre Personnel

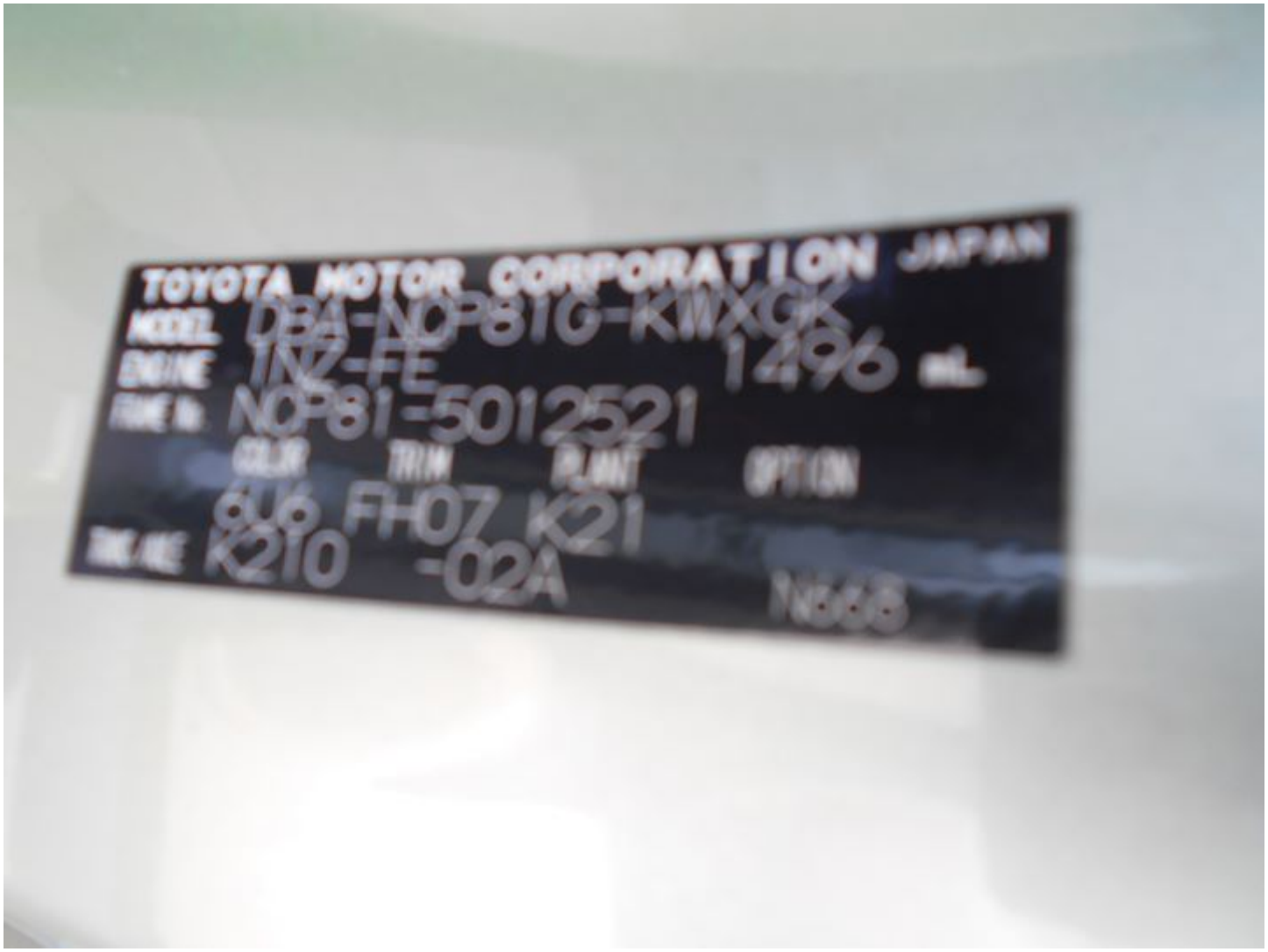
IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


TOYOTA MOTOR CORPORATION JAPAN
DBA-NOP81G-KWXGK
1NZ-FE
1496 mL
NOP81-5012521
COLOR
TRIM
PLANT
OPTION
6U6
FHOZ
K21
K210
-02A

IMAGES #6

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: SN0921850002 Vehicle Registration No: SGR18B

Name (as shown in NRIC): JENNY HIN NRIC/FIN/Passport No: SXXXX1522

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

Address: BLK 202 TOA PAYOH NORTH #06-1091 310202 Singapore ( )

Contact (Tel): Mobile No.: 90028820

Email Address:

Date of Accident: 24/07/21 Time of Accident: 13:50

Place of Accident: LOR 8 TOA PAYOH SLIP RD TO PIE

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 VEH NO : SGR15FB

Policyholder / Driver's Signature
Date:

05/08/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: