

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	23/08/2021 17:09 (SGT)
Date of Accident	21/08/2021 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST ST. 61 & ST. 63 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6821H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO WEE LIAT(ZHANG WEILIE)
NRIC No	S7930253H
Email Address	inochi13@gmail.com
Mobile Phone No	(Phone) +65-91470729
Alternative Phone No	+65-91470729

VEHICLE PARTICULARS

Manufacturer	BMW
Model	325I AT 2.5L ABS D/AB GAS/D 2WD 4DR SR
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00045322105
Cover Note Number	22/03/21 - 21/03/22

DRIVER

Name of Driver	TEO WEE LIAT(ZHANG WEILIE)
NRIC No	S7930253H

Date Of Birth	03/10/1979
Occupation	Indoor
Date Of Driving Pass	26/02/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91470729
Alt. Phone Number	+65-91470729
Email Address	inochi13@gmail.com
Address	BLK 316A ANCHORVALE LINK #16-181
Address complement	-
Postcode	541316
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 - Cross Junction
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	MOTHER-IN-LAW
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

REFER TO ATTACH. *OWN DAMAGE CLAIM BY OTHER WORKSHOP*

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	GBB1888P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHAWN CHANG WEE PIN
NRIC No	S9502798I
Contact Number	(Phone) +65-91164215
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: SY 6821H
 2. INSURER CO: CHINA MARINE
 3. ACCIDENT DATE & TIME: 21/8/21 3:45 PM

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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

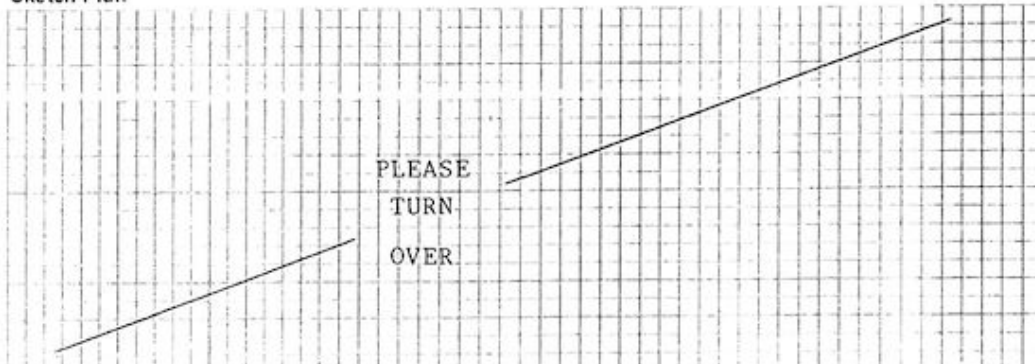
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

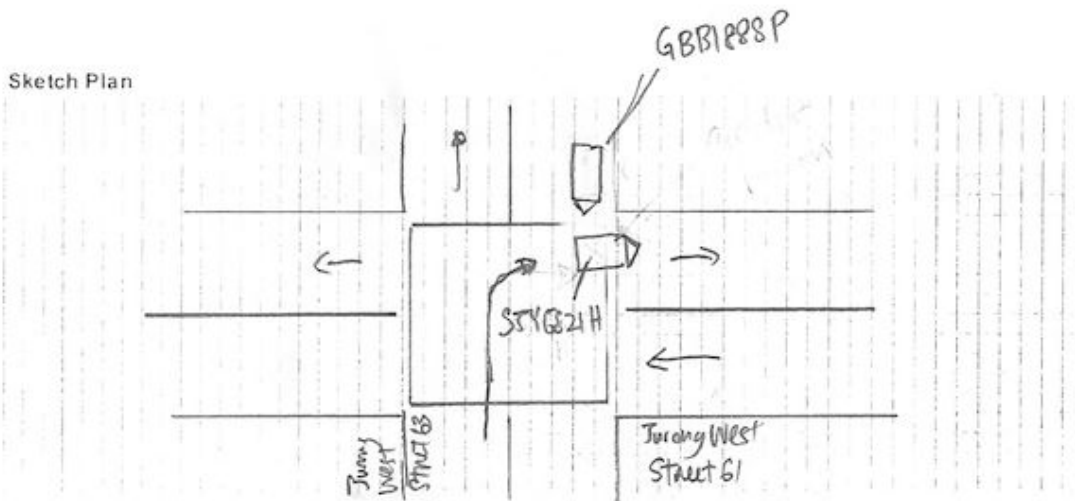
[Signature]
 Policyholder's Signature / Date & Time
23/8/21

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

[Signature] 23/8/21
 Witnessed by Reporting Centre Personnel (WL)

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Made a right turn, stopped due to pedestrian crossing to cross.
 Next moment a vehicle banged into my vehicle rear left portion &
 caused vehicle to be damaged.
 There were passengers in my back seat, no injuries to any person.
 Tried to swerve away but was not successful.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/8/21

Ted Lee Kat

Driver's Signature

(If driver is not the policyholder)

Date & Time:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim OD/TP at other workshop ()

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(WL)

23/8/21

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