

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	26/08/2021 14:09 (SGT)
Date of Accident	25/08/2021 07:45 (SGT)
Exact Location of Accident	Bishan Street 21, Singapore
Additional Location Information	BISHAN STREET 21 SLIP ROAD TO MARYMOUNT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX288C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GENE PHAY MIA YOUNG
NRIC No	SXXXX996I
Email Address	GENESYSQINT@GMAIL.COM
Mobile Phone No	(Phone) +65-97340225
Alternative Phone No	+65-97340225

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00125982100
Cover Note Number	-

DRIVER

Name of Driver	GENE PHAY MIA YOUNG
NRIC No	SXXXX996I

Date Of Birth	29/07/1977
Occupation	Indoor
Date Of Driving Pass	28/07/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97340225
Alt. Phone Number	+65-97340225
Email Address	GENESYSQINT@GMAIL.COM
Address	38 MOUNT VERNON ROAD #13-28
Address complement	-
Postcode	368059
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FIONA TAN
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.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX1192C
Vehicle Manufacturer	Mercedes
Vehicle Model	C180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	GLORIA HO
NRIC No	SXXXX542Z
Contact Number	(Phone) +65-82284210
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GENE PHAY
Gender	Male
Phone No	(Phone) +65-97340225
Address	38 MOUNT VERNON ROAD #13-28
Address Complement	-
Post Code	368059
Approximate Age Years Old	44
Injuries Sustained	HEAD, NECK AND SPINE
Injured person in which vehicle?	SGX288C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	SHARON
Phone	(Phone) +65-93665325
Email	-

SKETCH PLANIMPORTANT NOTICE

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 26/8/2021

Driver's Signature

(If driver is not the policyholder)

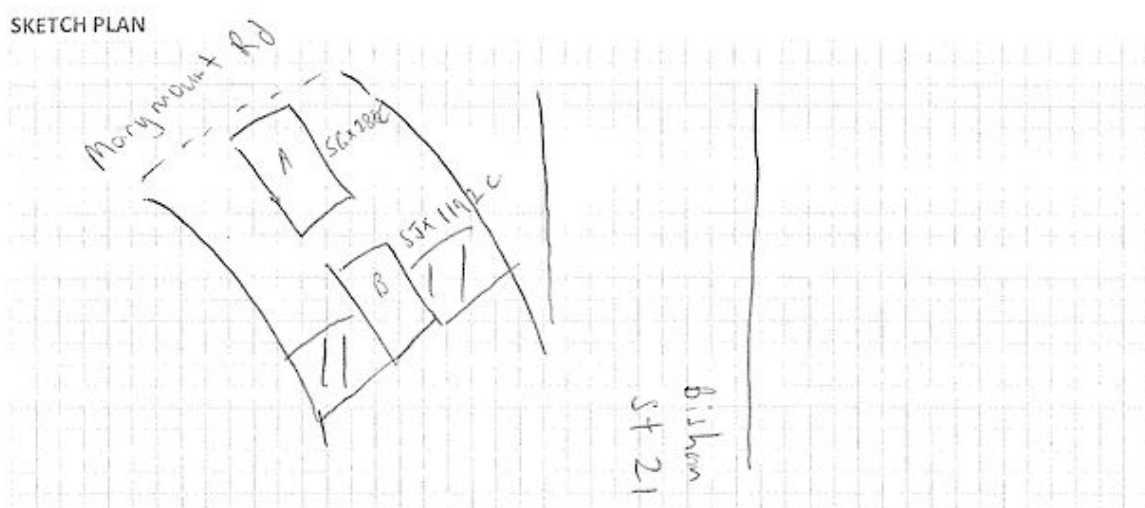
Date & Time:

Reporting Centre Personnel's Signature

Name:

Joseph Yaguel
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

FORM 1 (2019/2020) V2



1. 1 stop before the entry to Marymount Rd.
2. Car B behind me did not stop at the zebra crossing.
3. Car B continued to drive through.
4. Collided with my car A at the rear twice.

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

Date & Time: 26/8/2021

Reporting Person's Signature
Name: Performance Motors Limited
NRIC No: Alexandra Road
Sime Darby Performance Centre
Singapore 159941





















