



## 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	08/11/2021 16:08 (SGT)
Date of Accident	06/11/2021 14:53 (SGT)
Exact Location of Accident	Near 1 Jln Mata Ayer, Singapore 759075
Additional Location Information	Jalan Mata Ayer
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8898E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YUAN LONG GEN
NRIC No	SXXXX946Z
Email Address	TAIPINGYANJIANGONG2009@GMAIL.COM
Mobile Phone No	(Phone) +65-90215078
Alternative Phone No	+65-90215078

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	MERCEDES BENZ / E 250 SEDAN (R17)
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	1991

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	YUAN LONG GEN
NRIC No	SXXXX946Z



Date Of Birth	22/03/1964
Occupation	Indoor
Date Of Driving Pass	04/11/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-90215078
Alt. Phone Number	+65-90215078
Email Address	TAIPINGYANJIANGONG2009@GMAIL.COM
Address	Blk 411 sembawang Drive #03-752
Address complement	-
Postcode	750411
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 - Major/Minor Rd
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)	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

Please Refer To SKetch Plan

#### 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

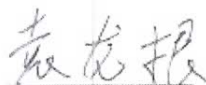
Vehicle Registration Number	SLC9082X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

-  
-  
-  
-  
-

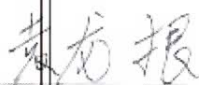
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA):  
I understand, 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 the (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 insurer's 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 enquiry by me;
    - (iv) Administering my claims (including the making of correspondence statements, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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/are 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 based 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



Driver's Signature

(If driver is not the policyholder)

Date & Time



Reporting Centre Personnel's Signature

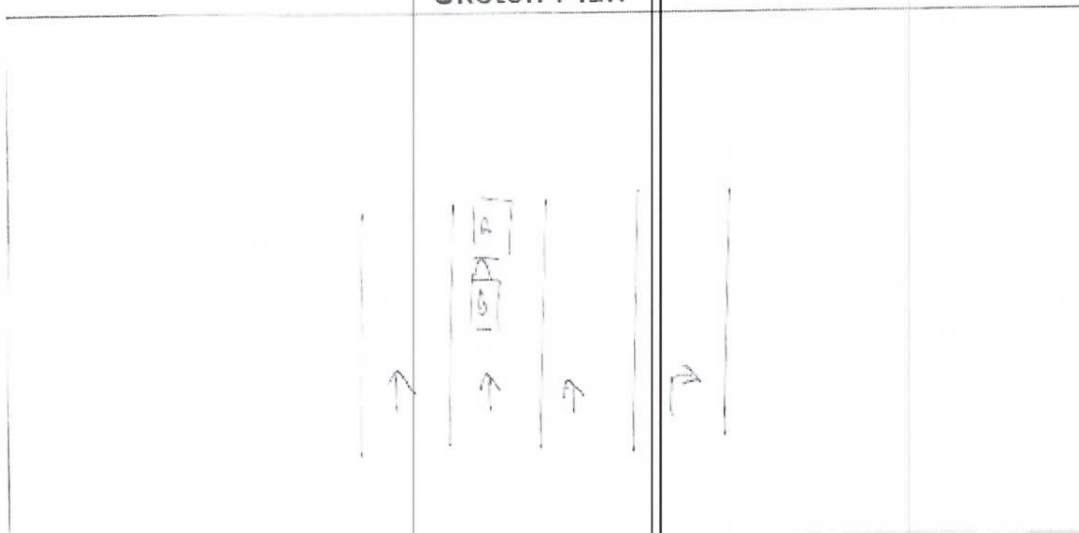
Name: kai

NRIC/FIN No.

I hereby authorise SME Motor Pte. Send my accident report to:

reports@maxmotors.com.sg

### Sketch Plan



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was approaching along JIN MATA ATEL. ~~There~~ I slow down my vehicle due to a traffic light. Suddenly vehicle B hit me from the rear.

#### DECLARATION

I declare the foregoing particulars are true in every respect.

*袁龙根*

Policyholder's Signature  
Date & Time

*袁龙根*

Driver's Signature  
\*driver is not the policyholder  
Date & Time

*[Signature]*

Reporting Centre Person's Signature  
Name: *kw*  
NRIC / FIN NO



