

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 19/11/2021 14:58 (SGT)
Date of Accident 19/11/2021 12:49 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD EXIT FROM SENGKANG EAST AVE > SENGKANG AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA4187J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG LIAN HOCK
NRIC No SXXXX227H
Email Address jcattysg@gmail.com
Mobile Phone No (Phone) +65-96305992
Alternative Phone No (Home) +65-96305992

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
Variant HYBRID 2.5G CVT
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 2487

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00106072101
Cover Note Number -

DRIVER

Name of Driver ONG LIAN HOCK

NRIC No	SXXXX227H
Date Of Birth	20/08/1950
Occupation	Outdoor
Date Of Driving Pass	21/07/1972
Driving experience	49 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96305992
Alt. Phone Number	(Home) +65-96305992
Email Address	jcattysg@gmail.com
Address	10 WOODGROVE DRIVE #03-40
Address complement	-
Postcode	738211
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	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

I was at the slip road from SengKang East Ave going to join the main road SengKang Ave. I stopped my vehicle to check for incoming vehicles from the main road. Suddenly, i felt an impact from the rear of my vehicle. Then i realised that vehicle B has collided to the rear of my vehicle. After the accident, my boot lid couldn't close, therefore i have to put in the workshop.

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	SMP9980Z
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	CHUA HONG NGOH

NRIC No	SXXXX3011
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger
Gender	Female

Describe Circumstances of the Accident

I was at the slip road from Lengbang East Ave going to join the main road Lengbang Ave. I stopped my vehicle to check for incoming vehicles from the main road. Suddenly, I felt an impact from the rear of my vehicle. Then I realised that vehicle B has collided to the rear of my vehicle. After the accident, my boot/lid could not close, therefore I have to put in the workshop.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature / Date & Time
 12/11/21 1.40pm

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

[Signature]
 Witnessed by Reporting Centre Personnel



SKETCH PLAN

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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
19/11/21 1.40pm
Sketch Plan

[Signature]

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

[Signature] 

Witnessed by Reporting Centre Personnel







































