

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 06/12/2021 10:12 (SGT)
Date of Accident 03/12/2021 07:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP RD OF YISHUN AVE 6 TWDS YISHUN AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX7592S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUNITA D/O MAASDAN SINGH
NRIC No SXXXX139B
Email Address sunitamoosdansingh@yahoo.com.sg
Mobile Phone No (Phone) +65-84882217
Alternative Phone No +65-84882217

VEHICLE PARTICULARS

Manufacturer BMW
Model 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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 2497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00166112000
Cover Note Number -

DRIVER

Name of Driver SUNITA D/O MAASDAN SINGH
NRIC No SXXXX139B

Date Of Birth	07/10/1990
Occupation	Indoor
Date Of Driving Pass	16/06/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84882217
Alt. Phone Number	+65-84882217
Email Address	sunitamoosdansingh@yahoo.com.sg
Address	BLK 449 YISHUN RING RD
Address complement	#03-94
Postcode	760449
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

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	SMJ4183Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WEE LILY
NRIC No	SXXXX876G
Contact Number	(Phone) +65-9105522
Address	-


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

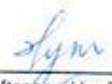
SKETCH PLAN

IMPORTANT NOTICE

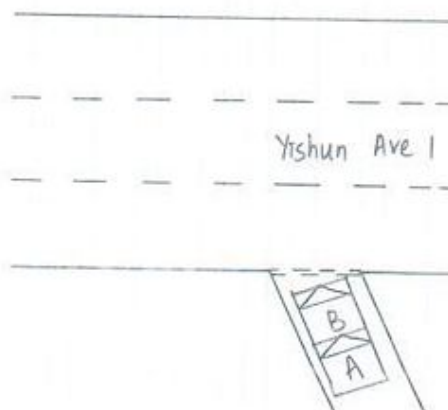
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 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


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

 06/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan




A: SJX7592S
B: SMJ4183Y


Describe Circumstances of the Accident

I was travelling along the slip road of Yishun Ave 6 towards Yishun Ave 1. When I was checking the oncoming traffic before turning onto Yishun Ave 1, I accidentally hit onto vehicle B which was in front of me.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

 06/12/21
Witnessed by Reporting Centre Personnel

















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: SN0921C60001 Vehicle Registration No: SJX7592S
 Name (as shown in NRIC): SUNITA D/O MAASDAN SINGH NRIC/FIN/Passport No: SXXXX/39B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 449 YISHUN AVE 6 #03-94 Singapore (760448)
 Contact (Tel): _____ Mobile No.: 84882217
 Email Address: _____
 Date of Accident: 06/12/21 Time of Accident: 07:30
 Place of Accident: SLIP RD OF YISHUN AVE 6 TOWNS YISHUN AVE 1
 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 DATE OF ACCIDENT : 03/12/21

Policyholder / Driver's Signature
Date:

Slym 10/12/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: