

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 07/12/2021 11:44 (SGT)
Date of Accident 06/12/2021 13:08 (SGT)
Exact Location of Accident 337 Ang Mo Kio Ave 8, Singapore
Additional Location Information AT THE OPEN SPACE CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX4608B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITY ASIA PTE LTD
Company Reg No 2XXXXX314M
Email Address qinyaaan@gmail.com
Mobile Phone No (Phone) +65-92358543
Alternative Phone No +65-92358543

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMPCSNW00092982102
Cover Note Number -

DRIVER

Name of Driver LEE QIN YAN
NRIC No SXXXX445F

Date Of Birth	09/10/1997
Occupation	Indoor
Date Of Driving Pass	06/10/2021
Driving experience	2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92358543
Alt. Phone Number	-
Email Address	qinyaaan@gmail.com
Address	BLK 513C YISHUN STREET 51
Address complement	#04-347
Postcode	763513
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	SMA2332U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM WEI ZHI JOEY
NRIC No	SXXXX381E
Contact Number	(Phone) +65-98523770
Address	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE QIN YAN
Gender	Female
Phone No	(Phone) +65-92358543
Address	BLK 513C YISHUN STREET 51
Address Complement	#04-347
Post Code	763513
Approximate Age Years Old	-
Injuries Sustained	BODY ACHES AND PAINS THE DAY AFTER (MC IS DATED ON 07/12/2021 - 08/12/2021)
Injured person in which vehicle?	SJX4608B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



Policyholder's Signature / Date & Time

Sketch Plan

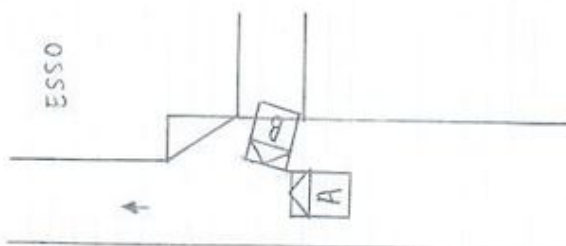
[Signature]

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

Rem 07/12/21

Witnessed by Reporting Centre Personnel

A: SJX 4608 B
B: SMA 2332 U



Ang MO KID Ave 8

Describe Circumstances of the Accident

I was travelling straight along the open space car park of B1k 337 Ang Mo Kio Ave 8. Vehicle B suddenly dashed out from minor road and hit onto the front right portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Rm 07/12/21

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: SN0921C70001 Vehicle Registration No: SJX 4608B
 Name (as shown in NRIC): LEE DIN YAN NRIC/FIN/Passport No: S9735445F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 513C YISHUN ST 51 #04-347 Singapore (763513)
 Contact (Tel): 9235 8543 Mobile No.: 9235 8543
 Email Address: ginyagan@gmail.com
 Date of Accident: 06/12/2021 Time of Accident: 1308
 Place of Accident: OPEN SPACE CAR PARK @ BLK 339 ANG MO KIO AVE 6
 Insurance Company: MINA TAI PING INSURANCE

(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:

I HAVE GOTTEN A 2-DAYS MC AFTER CONSULTING
 A DOCTOR AS I EXPERIENCED BODY ACHES AND PAINS
 THE DAY AFTER.
 MY MC IS DATED 07/12/2021 - 08/12/2021



Policyholder / Driver's Signature
 Date:

Rm 09/12/2021
 Reporting Centre Personnel's Signature
 Name: Renee Sim