

# 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 .....	27/12/2021 15:41 (SGT)
Date of Accident .....	26/12/2021 11:50 (SGT)
Exact Location of Accident .....	Tampines Ave 7, Singapore
Additional Location Information .....	BUS STOP B12
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN95Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANG HOCK CHYE, RONNIE
NRIC No .....	SXXXX290Z
Email Address .....	ronnieang@live.com
Mobile Phone No .....	(Phone) +65-92393248
Alternative Phone No .....	+65-92393248

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E250
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 .....	1991

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00019712100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ANG HOCK CHYE, RONNIE
NRIC No .....	SXXXX290Z

Date Of Birth .....	19/03/1977
Occupation .....	Indoor
Date Of Driving Pass .....	02/02/2018
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92393248
Alt. Phone Number .....	+65-92393248
Email Address .....	ronnieang@live.com
Address .....	BLK 335C YISHUN STREET 31 #13-53
Address complement .....	-
Postcode .....	763335
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? .....	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

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 .....	SLJ2378C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ABD MAJID BIN YAACOB
NRIC No .....	SXXXX374H
Contact Number .....	(Phone) +65-97350094
Address .....	-

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

## INJURED PERSONS DETAILS

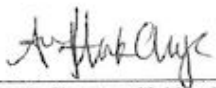
### INJURED 1

Name of injured person .....	ANG HOCK CHYE, RONNIE
Gender .....	Male
Phone No .....	(Phone) +65-92393248
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMN95Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

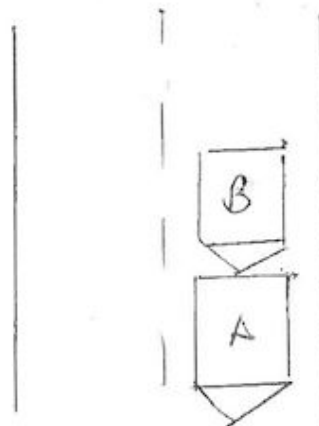
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

TAMPINES AVENUE 7 BUS STOP B12



A - SMN 952

B - SLJ 2378C

AS PER STATED TIME AND DATE, I WAS DRIVING ALONG  
TAMPINGSSA AVE F, WHILE APPROACHING NEAR BUSSTOP B12. THERE  
IS A BUS PREPARING TO EXIT, SO I TO SLOW DOWN AND STOP MY VEHICLE  
TO GIVE WAY TO THE BUS, SURPOINLY I FEEL AND IMPACT FROM  
BEHIND AS VEHICLE B HAD REAR ENDED MY VEHICLE A, WE BOTH  
THEN ABLIGHT TO ACCESS OUR VEHICLE DAMAGE AND EXCHANGE OUR PARTICULAR  
DUE TO THE, I SUFFER NECK INJURY AND WAS AWARDED 2 DAYS  
MC BY THE GP CLINIC.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel













