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 witholding 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.

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 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 12/01/2022 11:23 (SGT) Date of Accident 11/01/2022 18:30 (SGT) Exact Location of Accident Singapore Additional Location Information CTE (SLE) BEFORE ANG MO KIO AVE 5 EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ2887A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEOK CHWEE SAN** NRIC No. SXXXX474B Email Address chweesancheok@gmail.com Mobile Phone No (Phone) +65-96167086 Alternative Phone No +65-96167086

VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00014042100 Cover Note Number

DRIVER

Name of Driver **CHEOK CHWEE SAN** NRIC No. SXXXX474B

Date Of Birth 13/06/1952 Occupation Indoor Date Of Driving Pass 02/08/1972 Driving experience 49 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96167086 Alt. Phone Number +65-96167086 Email Address chweesancheok@gmail.com Address **BLK 408 SEMBAWANG DRIVE** Address complement #13-800 Postcode 750408 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **LYDIA** Gender **Female** 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 SGY3755X Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

Name of Driver	
Contact Number	
Address	··· -
Address complement	
Postcode	··· -
Insurance Company Name	<u>-</u>
Nature Of Damage	
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	<u>-</u>

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SJR6357T -
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	CHEOK CHWEE SAN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLJ2887A
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)

Lunderstand, acknowledge, agree and consent that

- (a) Milinsurer, 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 possiessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) with have insured vehicle(s) involved in this accident (all insurer(s) with have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law versition from 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) darrying out and/or dealing with my instructions or responding to any enquiries by me:
- (iv) actinistering 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 about delivery of the same as wiell as on the external cover of envelopes/max packages); and/or
- (v) complying with applicable taw in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

CTE (SLE) before Any Mo Kio Ave 5 Exit.

- (b) all neurer's) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect use, discuse 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 awyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Postyriodizer's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date Witnessed by Raporting Centre Personnel

Sketch Plan

(A) - SSSLJ 2887A

(B) - SGY3 785X

(C) - SJR6357.

C Accident report SN09221C0004

Describe Circumstances of the Accident
on the 11/01/2022 @ about 6.30pm, along CTE(SLE).
I was driving my Vehicle (A) along the above mentioned
expressivaly on the Lone I of the above mention before
Any Mo Kio Ave. 5 exit. When my front vehicle slowed
down and stopped due to heavy traffic, hence I
followed suit Suddenly. I felt a huge impact from the
rear which pushed my Vehicle forward to hit into Vehicle (c
when I alighted, I realised it was Vehicle (B) who
collided into the rear portion of my Vehicle (A), causing
damages to my Vehicle. It was a chain collision of 3
cars in total. I have one other possenger in my
vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect

Policyhétter's Signature / Date & Time

R_ 12/0/22 Witnessed by Reporting Centre Personnel































