

# 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 ..... 03/02/2022 13:55 (SGT)  
Date of Accident ..... 01/02/2022 17:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TPE TOWARDS SLE 1.3KM BEFORE EXIT 12 (JALAN KAYU/SELETAR AEROSPACE WAY)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU3299X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK YI HENG  
NRIC No ..... SXXXX158J  
Email Address ..... eqyh88@gmail.com  
Mobile Phone No ..... (Phone) +65-94526880  
Alternative Phone No ..... +65-94526880

### VEHICLE PARTICULARS

Manufacturer ..... Ford  
Model ..... GRAND C-MAX TITANIUM  
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 ..... 1498

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00264792101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK YI HENG

NRIC No .....	SXXXX158J
Date Of Birth .....	10/10/1988
Occupation .....	Indoor
Date Of Driving Pass .....	05/08/2011
Driving experience .....	10 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94526880
Alt. Phone Number .....	+65-94526880
Email Address .....	eqyh88@gmail.com
Address .....	BLK 713 PASIR RIS STREET 72
Address complement .....	#08-43
Postcode .....	510713
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WIFE
Gender .....	Female

#### PASSENGER 2

Name .....	SON
Gender .....	Male

#### PASSENGER 3

Name .....	SON
Gender .....	Male

#### 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? .....	Yes
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP8219X
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Freed
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	VIJAN
Contact Number .....	(Phone) +65-91761359
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**

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 willful 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. The 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.
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]* 3/2/22  
 Policyholder's Signature / Date & Time

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

*R* 03/02/22  
 Witnessed by Reporting Centre Personnel

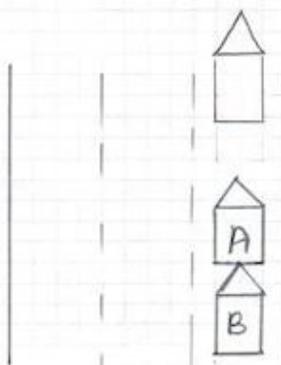
**Sketch Plan**

A = SMU 3299 X

B = SMP 8219 X

TPE towards SLE 1.3km  
 before Exit 12.

(Jalan Kayu/Seletar Aerospace Way)



**Describe Circumstances of the Accident**

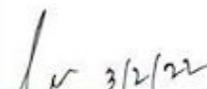
On 1 Feb 2022, at about 5.35pm, whilst traveling along TPE going towards SLE, vehicle SMP 8219X hit the back of my car when I slowed down and stopped, as the car in front of me had stopped.

The location of the accident is approximately 1.3KM before Exit 12 (Jalan Kayu | seletar ~~Aero~~ Aerospace way). At that time, the traffic was moderately heavy. Immediately, I got down of the car and exchanged particulars with the other driver and enquired there were no injuries sustained.

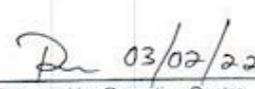
The damage to my vehicle is a moderately deep dent to the back of my car. we will be filling for third party claim

**Declaration**

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

 3/2/22  
 Policyholder's Signature / Date & Time

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

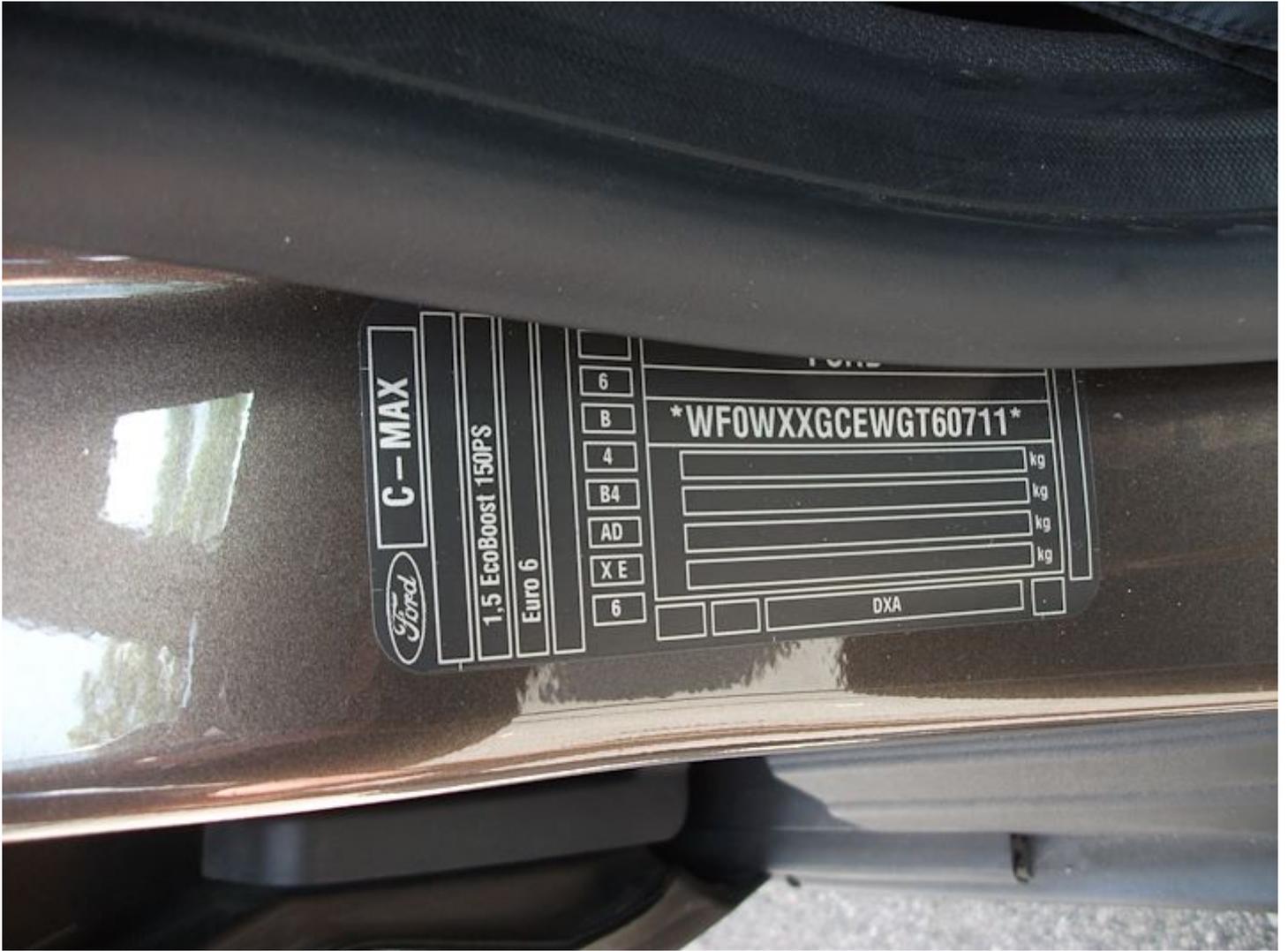
 03/02/22  
 Witnessed by Reporting Centre Personnel







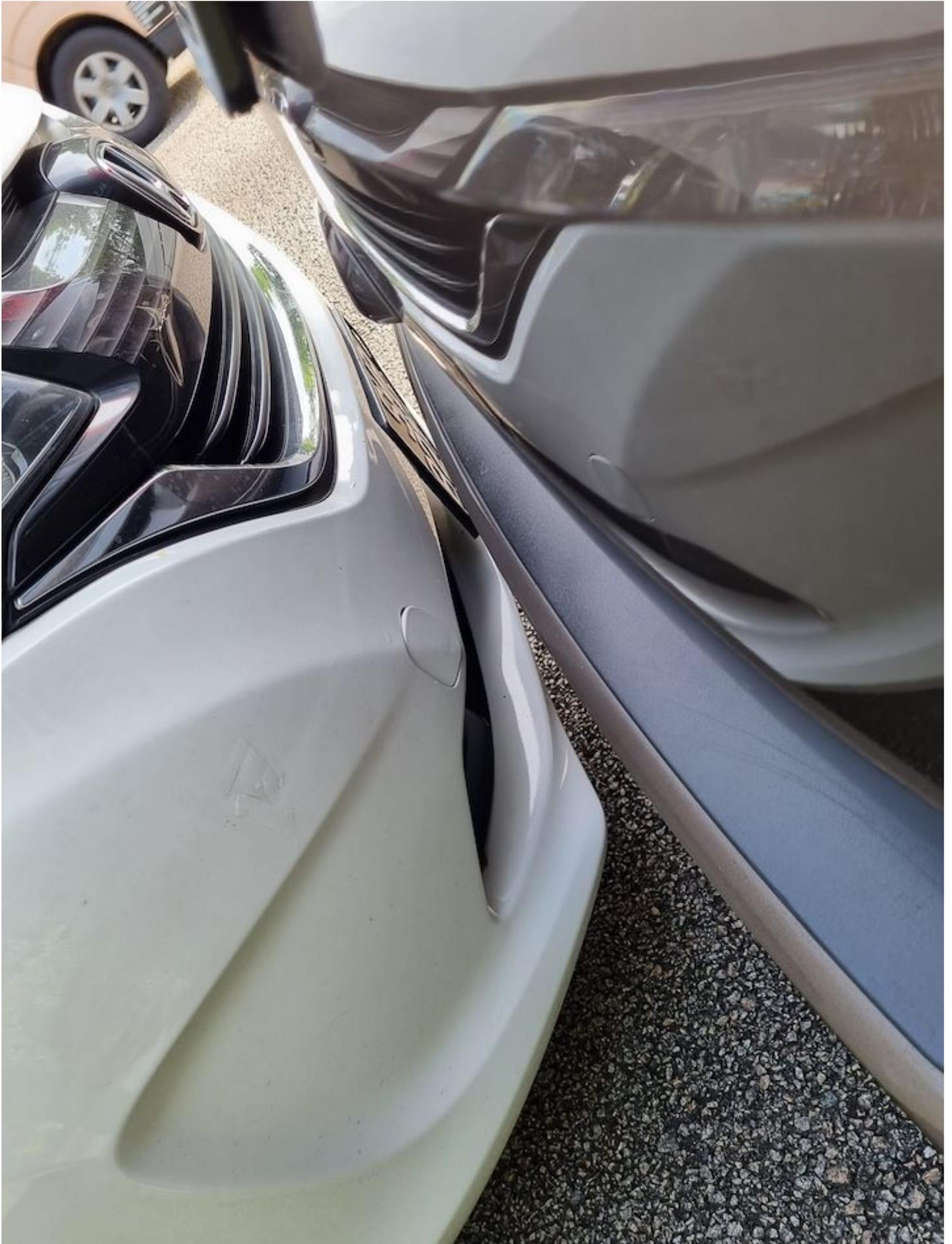


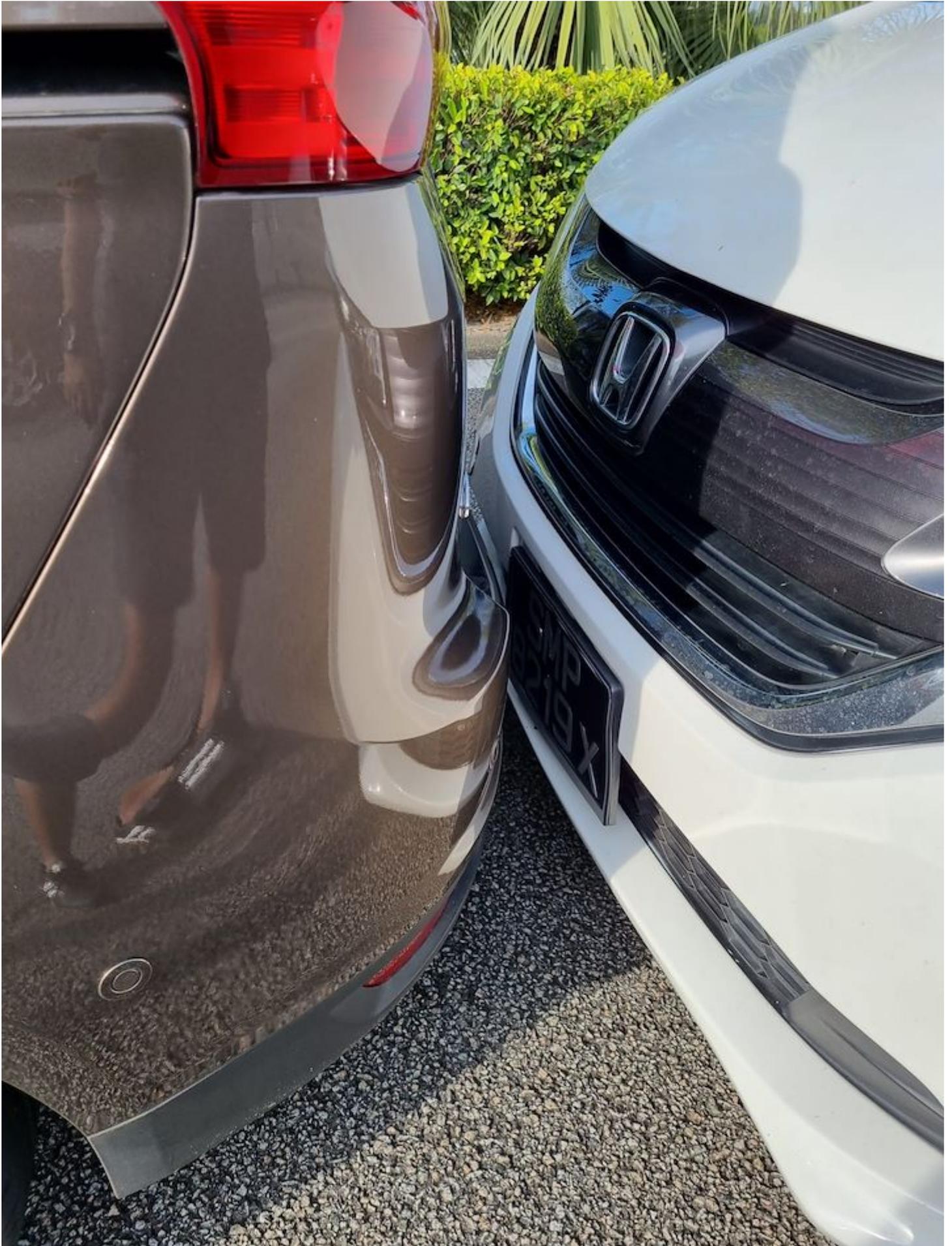


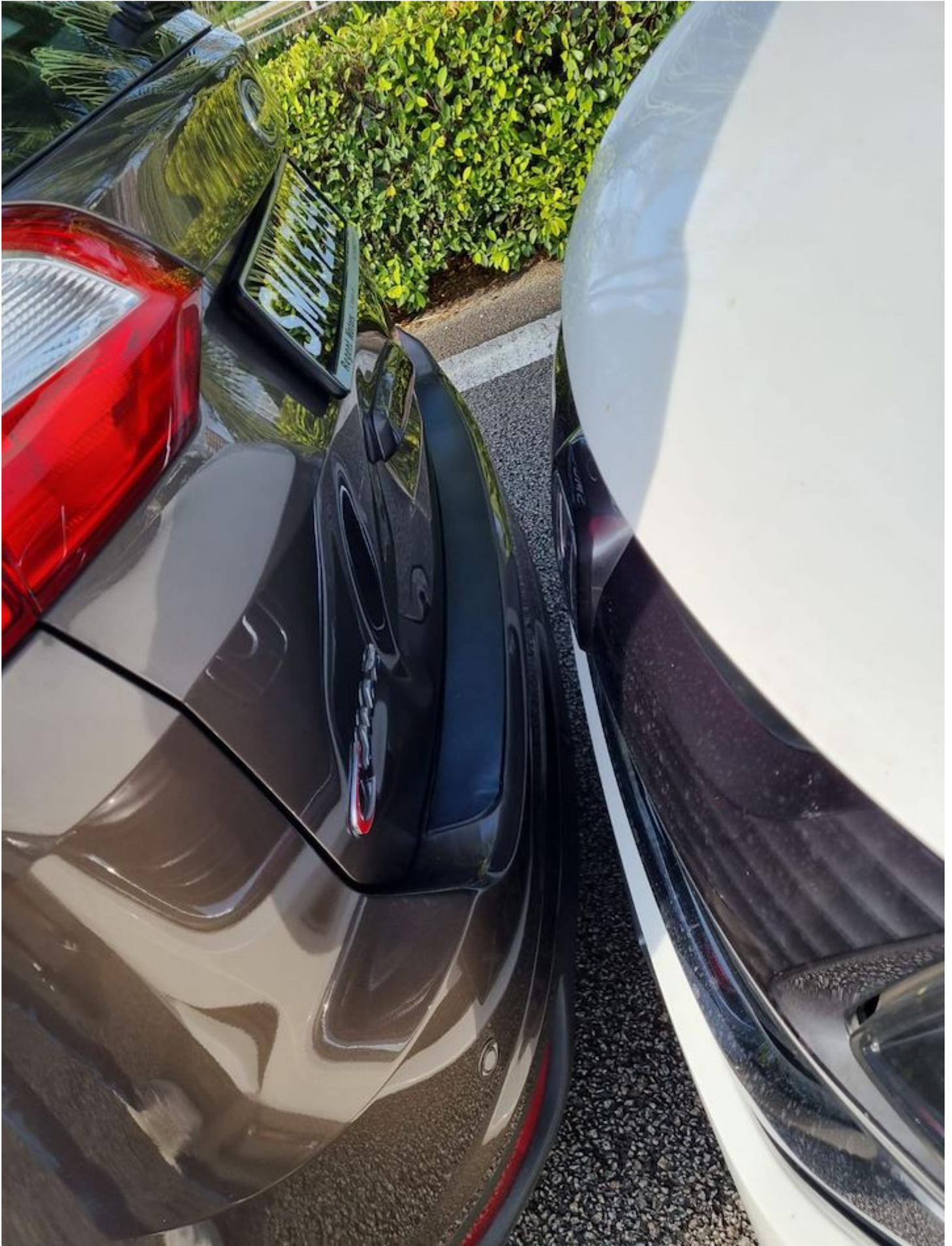
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0922230008 Vehicle Registration No: SMU 3299X  
 Name (as shown in NRIC): Quek Yi Heng NRIC/FIN/Passport No: S8838158J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 713 Pasir Ris Street 72 #08-43 Singapore (570713)  
 Contact (Tel): ~~9452~~ Mobile No.: 9452 6880  
 Email Address: eqyh88@gmail.com  
 Date of Accident: 01/02/2022 Time of Accident: 17:35  
 Place of Accident: TPE towards SLE 1.3km before exit 12 (Jalan Kayu/Selatar Aerospace way)  
 Insurance Company: CTI

**(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:

1) Amend vehicle B (third party) model to Freed.

---



---



---



---



---



---



---



---

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

Renee  
 Reporting Centre Personnel's Signature  
 Name: Renee  
 NRIC/FIN No.:  
 Date: 03/2/2022