

# 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 ..... 03/03/2022 13:54 (SGT)  
Date of Accident ..... 02/03/2022 13:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNC OF FARRER RD & DUNEARN RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT971M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE CHEE MENG HUBERT  
NRIC No ..... SXXXX396J  
Email Address ..... a6679b@gmail.com  
Mobile Phone No ..... (Phone) +65-91136456  
Alternative Phone No ..... +65-91136456

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... X1  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00068792100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PUA YEE KWAN  
NRIC No ..... SXXXX653I

Date Of Birth .....	27/01/1977
Occupation .....	Indoor
Date Of Driving Pass .....	06/05/2003
Driving experience .....	18 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83892701
Alt. Phone Number .....	-
Email Address .....	a6679b@gmail.com
Address .....	16 SHELFORD ROAD
Address complement .....	#02-10
Postcode .....	288383
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SOPHIE LEE
Gender .....	Female

#### PASSENGER 2

Name .....	SARAH LEE
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 .....	SHA8520M
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	THEN THIAM SHIN
NRIC No .....	SXXXX194B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

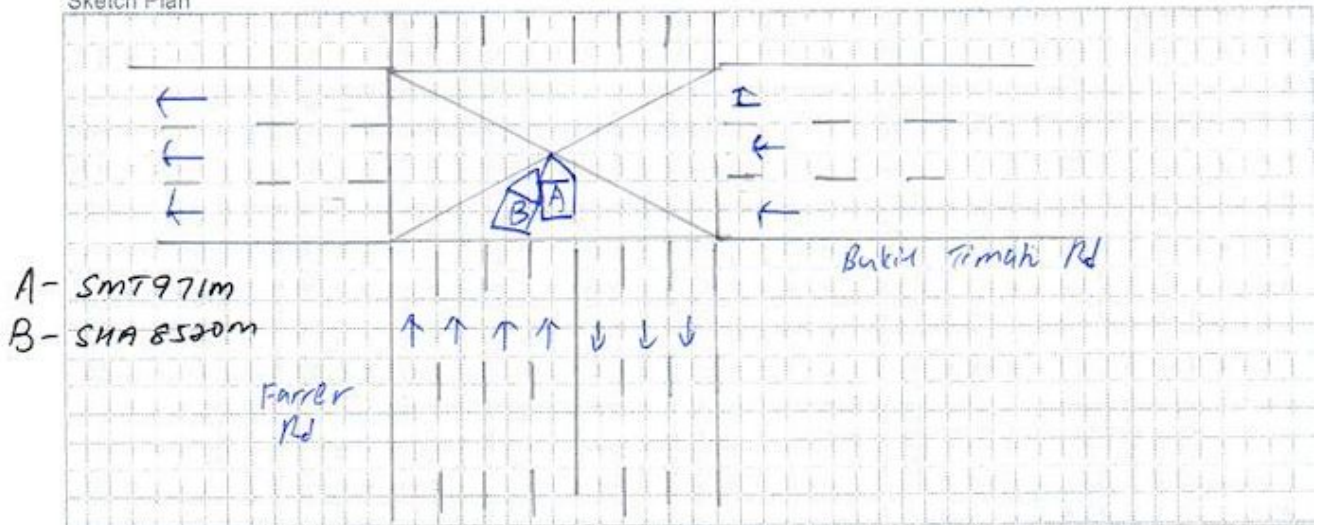
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
  - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

 03/03/22  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstance of the Accident



## Describe Circumstances of the Accident

On 2/3/2022 at about 1310 hour, I was driving SM7971M along Farrer Road towards ~~to~~ to Duncorn Road with 2 passengers onboard. I stopped at the junction of Farrer Road and Bukit Timah Road and was on the extreme right lane of 4 lane (only right turn) due to red light.

When the lights turned green, I proceeded to move forward to go straight. Just as I passed the traffic light where I was, a taxi suddenly cut in front of my car, coming from my left.

I made an immediate brake in the middle of the cross junction of Farrer Road and Bukit Timah Road. The taxi continued to swerve into my lane and caused ~~an~~ an impact on the front left bumper and vent. My car was stopped in the middle of the cross junction of Farrer Road and Bukit Timah Road.


Due to the traffic soon coming from Bukit Timah, I had to drive to side of the road for 2 young passengers' safety. When I came out of the car, I realised a taxi SHAS 2201 that ~~swerved~~ <sup>swerved</sup> into my lane, collided onto my vehicle and caused damage. Taxi driver apologised for his oversight ~~to~~ and we exchanged particulars and left the scene.


error and ^

## 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

 03/03/22  
Witnessed by Reporting Centre Personnel

























