



## 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 ..... 01/03/2022 15:23 (SGT)  
Date of Accident ..... 28/02/2022 09:45 (SGT)  
Exact Location of Accident ..... Nicoll Hwy, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGD6886S

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Ho Ann Seng  
NRIC No ..... SXXXX714G  
Email Address ..... hoannsing@gmail.com  
Mobile Phone No ..... (Phone) +65-90626266  
Alternative Phone No ..... +65-90626266

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 2000

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00087942100  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Ho Ann Seng  
NRIC No ..... SXXXX714G

Date Of Birth ..... 19/12/1962  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 08/04/1986  
 Driving experience ..... 35 YEARS AND 10 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90626266  
 Alt. Phone Number ..... +65-90626266  
 Email Address ..... hoannsing@gmail.com  
 Address ..... Blk 526 Serangoon North Avenue 4 #14-116  
 Address complement ..... -  
 Postcode ..... 550526  
 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) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... Dr Foo  
 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

Please refer to the 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 ..... SKK9039S  
 Vehicle Manufacturer ..... Mazda  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car



## 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.

*[Signature]*

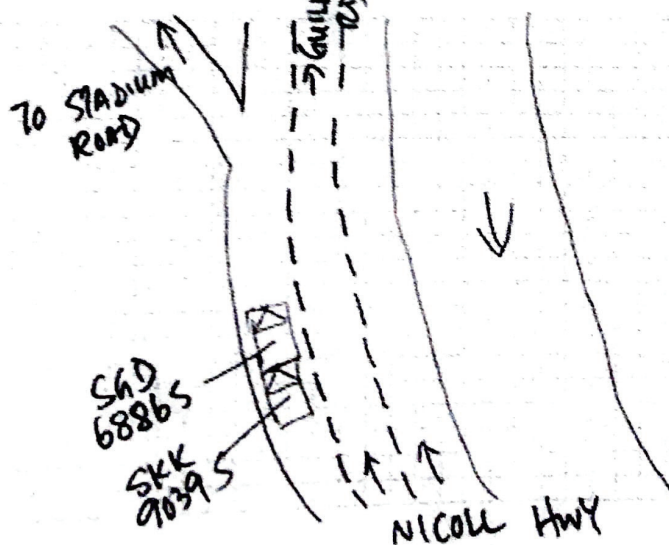
Policyholder's Signature / Date & Time  
- 1 MAR 2021

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

Witnessed by Reporting Centre Personnel

*[Signature]*  
Jenny Lim

### Sketch Plan

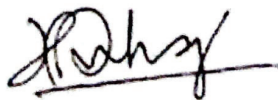


**Describe Circumstances of the Accident**

ON 28-01-2022 AT ABOUT 09.45 AM. I WAS DRIVING ALONG ABOVE MENTION  
RD ON MY LEFT MOST LANE, TRAFFIC WAS SLOW AND IN A ROW OF VEHICLE,  
WHEN VEHICLE IN FRONT OF ME SLOW DOWN, I FOLLOW AS WELL. VEHICLE SKR9039S  
CANNOT STOP IN TIME AND COLLIDED ONTO THE REAR OF VEHICLE, AFTER THE  
ACCIDENT BOTH OF US FURNISH PARTICULARS FOR INSURANCE CLAIM, NO ONE WAS  
(INJURED).

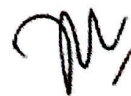
**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time - 1 MAR 2022

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



Witnessed by Reporting Centre  
Personnel Jenny Lim