# **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 12/03/2022 14:00 (SGT) Date of Accident 11/03/2022 21:25 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF TOMLINSON ROAD & CUSCADEN ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SGV68G

## INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG SOO BOON NRIC No. SXXXX039E Email Address andreongjy@gmail.com Mobile Phone No (Phone) +65-98171710 Alternative Phone No (Home) +65-98171710

## VEHICLE PARTICULARS

Manufacturer

Model E250 Variant SEDAN (SR)(R18) 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? Yes 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 Policy Number DMPCSNW00014152207 Cover Note Number

## DRIVER

Name of Driver ONG JIONG YANG ANDRE NRIC No. SXXXX196Z

Date Of Birth 08/08/1996 Occupation Indoor Date Of Driving Pass 26/01/2015 Driving experience 7 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98197138 Alt. Phone Number Email Address andreongjy@gmail.com Address 18 IPOH LANE #09-03 Address complement Postcode 438622 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 - Cross Junction 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? No Was any injured conveyed to hospital by ambulance? 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? Nο PASSENGER 1 Name **RAEANN TAN** 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 I was travelling along Tomlinson Road heading towards Tanglin Road, out of sudden, vehicle B came out from Cuscaden Road and collided into the right hand portion of my vehicle. no one was injured in the accident. After the accident, i took a picture of vehicle B, but was not aware that the number plate had dropped off. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN** 

Honda

Vezel

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	Black
Vehicle Category	Private hire
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)	1

#### SKETCH PLAN

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- 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.
- 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)

l 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 & Driver's Signature II driver is not the policyholder) / Date
Time 12 93 12 12.30 pm & Time 12 03 322 12.30 pm
Sketch Plan

Cuscaden Rd

A: SGV 68 G

RA

Tomlinson Rd

scribe Circu	umstances of the Accident
I was	travelling along Tomlinson Rd heading towards
Tonalia	A de sudden udvide a court
langlin	Rd, out of sudden, wehicle B came out
	Cuscaden Rd and collided into the right hand
portio	n of my rehide. No one was injured in the
accide	ut.
After	the accident, I took a picture of vehicle B,
but	was not aware that the number plate had dropped
off.	
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# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature (If driver is not the policyholder) / Date
Time 12 03 22 1230pm & Time 12 03 22 1230pm

Witnessed by Reporting Centre Personnel























