

# 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 ..... 12/03/2022 15:50 (SGT)  
Date of Accident ..... 12/03/2022 11:30 (SGT)  
Exact Location of Accident ..... Tampines Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW1829U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TANG JEE WING (DENG ZIRONG)  
NRIC No ..... S7245223B  
Email Address ..... tjeewing@yahoo.com  
Mobile Phone No ..... (Phone) +65-97655989  
Alternative Phone No ..... (Home) +65-97655989

### VEHICLE PARTICULARS

Manufacturer ..... Mini  
Model ..... BUCKINGHAM 1.5 AUTO  
Variant ..... BUCKINGHAM 1.5 AUTO  
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 ..... DMPCSNW00252702100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEUNG MAN NEI MANNIE  
NRIC No ..... S7760212G

Date Of Birth .....	15/08/1977
Occupation .....	Indoor
Date Of Driving Pass .....	29/06/2013
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92297252
Alt. Phone Number .....	-
Email Address .....	tjeewing@yahoo.com
Address .....	33 KOVAN ROAD #05-40
Address complement .....	-
Postcode .....	545020
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TANG JEE WING (DENG ZIRONG)
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

I was travelling along Tampines Road. I was on the first lane going to the second lane. After Filtering into the second lane, suddenly i felt an impact from the left portion of my vehicle. Then i realised that vehicle B has collided to my vehicle. I review my video and i saw that vehicle B was from the third lane and while filtering, she collided to the front of my vehicle.

#### 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 .....	SLW384D
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE NIKKI
NRIC No .....	S8821686E
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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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 of Policyholder*

Policyholder's Signature / Date & Time

*Signature of Driver*

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

*Signature of Witness*

Witnessed by Reporting Centre Personnel

Sketch Plan

12/3/22 2:54pm

Sketch Plan diagram showing a road layout with a dashed line labeled "TAMPINES ROAD". Two vehicles are depicted: one labeled "A" and another labeled "B". Arrows indicate the direction of travel. To the right of the diagram, the following information is recorded:

DOA: 12/03/2022  
11:30AM

A: SMW 18294  
B: SLW 384D

Describe Circumstances of the Accident

I was travelling along Tampines Road. I was on the first lane going to the second lane. After fitting into the second lane, suddenly I felt an impact from the left portion of my vehicle. Then I realised that vehicle B has collided to my vehicle.

I reviewed my video and I saw that vehicle B was from the third lane and while fitting, she collided to the front of my vehicle.

*[Signature]*

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel























































