

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.

 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 17/03/2022 17:19 (SGT) Date of Accident 16/03/2022 17:00 (SGT) Exact Location of Accident Bedok South Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

1591

No - Claiming third party

Vehicle Registration Number SDJ6338L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KATHERINE CHAN SHUK FAN @CHAN SHUK FUN NRIC No SXXXX024E

Email Address kat6338@yahoo.com.sg Mobile Phone No (Phone) +65-96466338 Alternative Phone No +65-96466338

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNW00168252101

Cover Note Number

DRIVER

Name of Driver KATHERINE CHAN SHUK FAN @CHAN SHUK FUN NRIC No SXXXX024E

Date Of Birth 01/01/1965 Occupation Indoor Date Of Driving Pass 18/01/2001 Driving experience 21 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-96466338 Alt. Phone Number +65-96466338 Email Address kat6338@yahoo.com.sg Address BLK 23 BEDOK SOUTH AVENUE 1 #06-773 Address complement Postcode 460023 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 Chain Collision 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220317/7022 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH TRAFFIC POLICE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKT6356Z Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
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)	_
5 , ,	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN2755P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

SKETCH PLAN

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- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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' 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 of 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 & Time:

Driver's Signature

(If driver is not the policyholder)

BEROK SOUTH AVENUR

Date & Time:

Name:

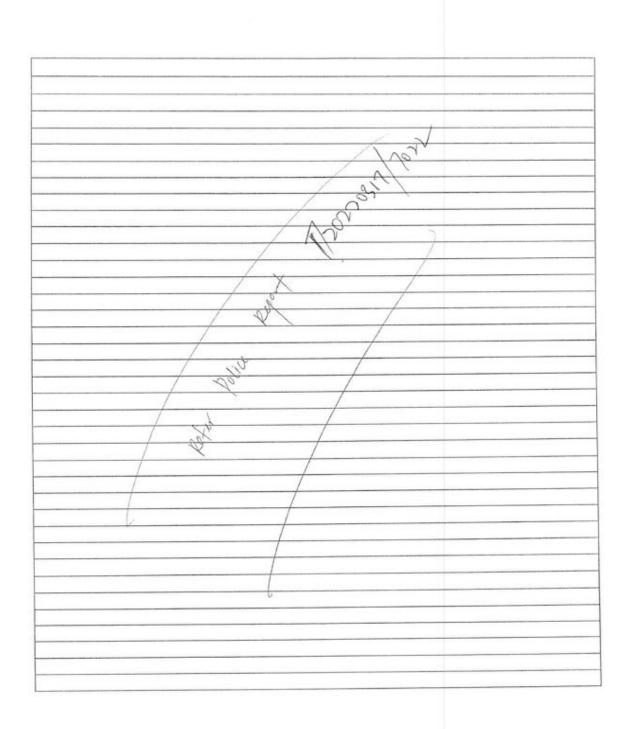
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SDJ6338L

Vehicle B: SKB63362

Vehitle C. SMNZ758

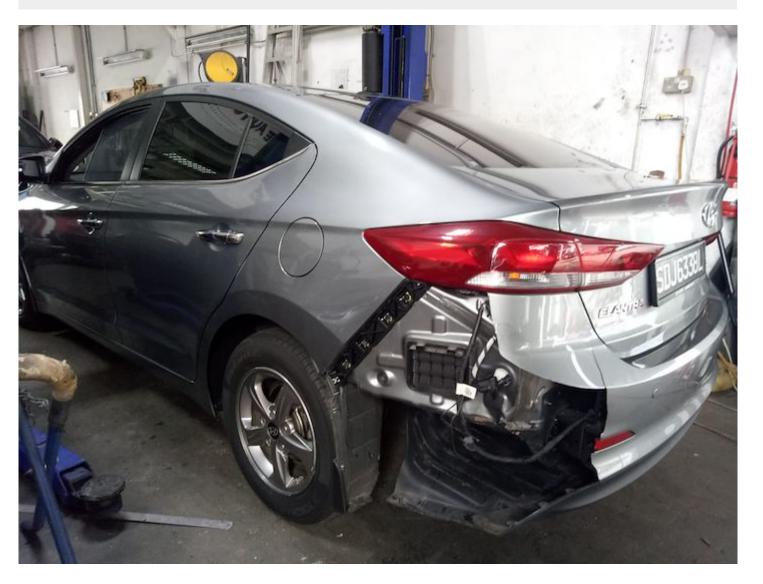


I/We declare the foregoing particulars are true in every respect.

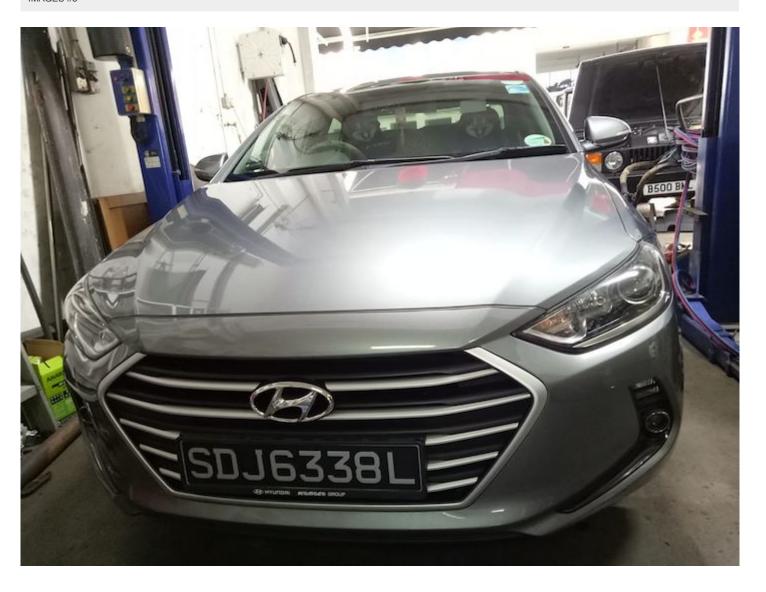
Policyholder's Signature Date & Time:

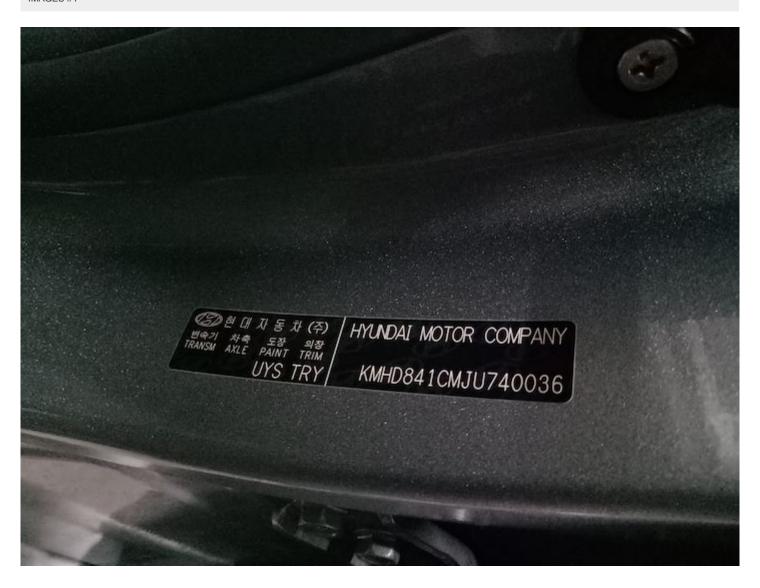
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220317/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2022 08:52		/lade:	Vide Report No.; G/20220316/0170	Station Diary No.:	
Informan	t's Partic	ulars			
	nformant: NE CHAN	I SHUK FAN	Address: 23 BEDOK SOUTH AVENUE	1 #06-773 SINGAPORE 460023	
ID Type / NRIC NO	ID No.: / S26090:	24E	Contact No.: Home/Office:	Mobile: 96466338 ` `	
Nationality	y: DRE CITIZ	EN	Email: KA16338@YAHOO.COM.SG		
Sex: Female	Age: 57	Date of Birth: 01/01/1965	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name.No	
Occupation Student S	on: Tervice Ass	sistant	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2022 17:00	Type of Location: Straight Road
Location: BEDOK SOU	TH AVENUE 1			r reste
Weather:		Road Surface: Drv		Road Speed Limit: 60 Km/h
Clear		Diy		1 1 1 1
Clear Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Moderate

Vehicle:No.	Туре	Make	Model	Color	Conditio	No of
SDJ6338L	Car	HYUNDAI	ELANTRA+A D+1.6+GLS+ AT+%28AM S%29	CONTROL OF		0

Details of Vehicle Insurance		2 a 80, 5 kg	2.942(26.72)
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



T/20220317/7002

Police Station Of Origin: Traffic Police 10-Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220317/7002

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDJ6338L	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW001682 52101	28/09/2021	27/09/2022

Any Pedestrian Ir	nvolved: No			
No. of Pedestrian	Use of Pedestrian Crossing: NA			
Driver				
Name	KATHERINE CHAN SHUK FAN		ID No.	S2609024E
Related Vehicle	SDJ6338L (Car)		Contact No	. 96466338
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL	
	ted Medical Leave NIL	Degree of	Slig	ht

Brief Details.

9.45

My car was stopping and waiting to turn right to the carpark near the bus stop 84161 at Bedok South Ave 1, when I started turning right, I saw a white car slide on top of the curb from my blind spot and heard a loud band sound from behind. After that I felt my rear bumper was hit by a grey car behind me.

Later, I checked my car and saw a big hole at left side of the rear bumper.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



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- 1 2

Report No. T/20220317/7002

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2022 08:52
Officer In Charge Of Case: TP / TPIB / NG BEIFENG Contact No.: 65476845	Classification Of Case:

CONTINUATION OF REPORT



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / G5T Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : 4N0872740007 4056338L Vehicle Registration No: 57609024E Name(asshownin NRIC): KAtherine Chan Shuk Fan NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BIK 73 Bedok South Avenue | # 06-273 Singapore(460073) Address 96466338 Contact (Tel) Mobile No.: Kat 6338@ yalhoo.com.sq Email Address 16/03/2022 Date of Accident Time of Accident : Bedok South Avenue 1 Place of Accident : China Taiping Insurance Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Vehicle B carplate number: 514763562 Policyholder / Driver's Signature Date: Name: NRIC/FINNO .:

Date: