# **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 30/03/2022 17:31 (SGT) Date of Accident 30/03/2022 06:45 (SGT) Exact Location of Accident Near 1 Jurong East Street 32, Singapore 609477 JUCTION ALONG JURONG EAST AVE 1, OUTSIDE PARC OASIS Additional Location Information **CONDO** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SKQ541K

Manufacturer

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TIA YEE CHEONG NRIC No S7484472C Email Address syc714@gmail.com Mobile Phone No (Phone) +65-82182448 Alternative Phone No +65-82182448

# VEHICLE PARTICULARS

Model Freed 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 1500

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00241862101 Cover Note Number

## DRIVER

Name of Driver TIA YEE CHEONG



NRIC No S7484472C Date Of Birth 17/10/1974 Occupation Indoor Date Of Driving Pass 11/02/2004 Driving experience 18 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-82182448 Alt. Phone Number +65-82182448 Email Address syc714@gmail.com Address BLK 306 JURONG EAST STREET 32 #05-174 Address complement Postcode 600306 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 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 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? PASSENGER 1 Name TIA GIT YU Gender Female PASSENGER 2 Name NG LAY KUAN Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT 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 SGK6873S

Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private hire
Name of Driver	CHEE THEEN CHI
NRIC No	S1225012F
Contact Number	(Phone) +65-93877983
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT RIGHT
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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)

Lunderstand, 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;
- (ii) 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.

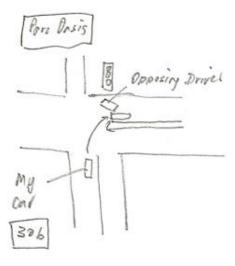
Policyholder's Signature / Date & Time 30/3/>2

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident
on the 20/2/22, I am driving a fronda Freed Sko Stik,
around 6.45 om. As I am about to send my doughter 4 wife to school My house is at BIK 266. Throng Esst St 22  as I from out to the junction [outside Pers Dosic Condo] along Juncy
9 enofe to school My house is at BIK 266 . Jaron Essi St 22
as I turn out to the junction [outside Pers Dasia Condo] alon Jung
CAPIA C PYME
When the Traffic light turn green I turn right to Jung East Ace
when the traffic light turn green I turn right to Jung East Ac 1000 onto my land. I was hitted by a Horda SGKES735.
I stopped my ear immediately but sous the other driver move Forward thirty in to a corporte.
Take pics and exchange contacts. Later manage to gat opposing driver (PAV) video.
anvii (PAV) Video.

# 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

Witnessed by Reporting Centre

Personnel













