

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 30/05/2022 15:47 (SGT)
Date of Accident 28/05/2022 18:15 (SGT)
Exact Location of Accident Bukit Batok East Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH909G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WOON THIAM FATT (WEN TIANFA)
NRIC No SXXXX705D
Email Address moretopurple@gmail.com
Mobile Phone No (Phone) +65-91900909
Alternative Phone No +65-91900909

VEHICLE PARTICULARS

Manufacturer Mercedes
Model CIs63
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 5461

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00083582100
Cover Note Number -

DRIVER

Name of Driver WOON THIAM FATT (WEN TIANFA)
NRIC No SXXXX705D

Date Of Birth	14/11/1974
Occupation	Outdoor
Date Of Driving Pass	03/12/1999
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91900909
Alt. Phone Number	+65-91900909
Email Address	moretopurple@gmail.com
Address	26 BUKIT BATOK EAST AVENUE 2 #17-12
Address complement	-
Postcode	659920
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

PASSENGER 3

Name	SON
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 SKETCH PLAN

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	FBP2681M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TEO HONG MING HENRY
NRIC No	TXXXX873D
Contact Number	(Phone) +65-96706385
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	ADITHYA HARI LYER
Phone	(Phone) +65-86508703
Email	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

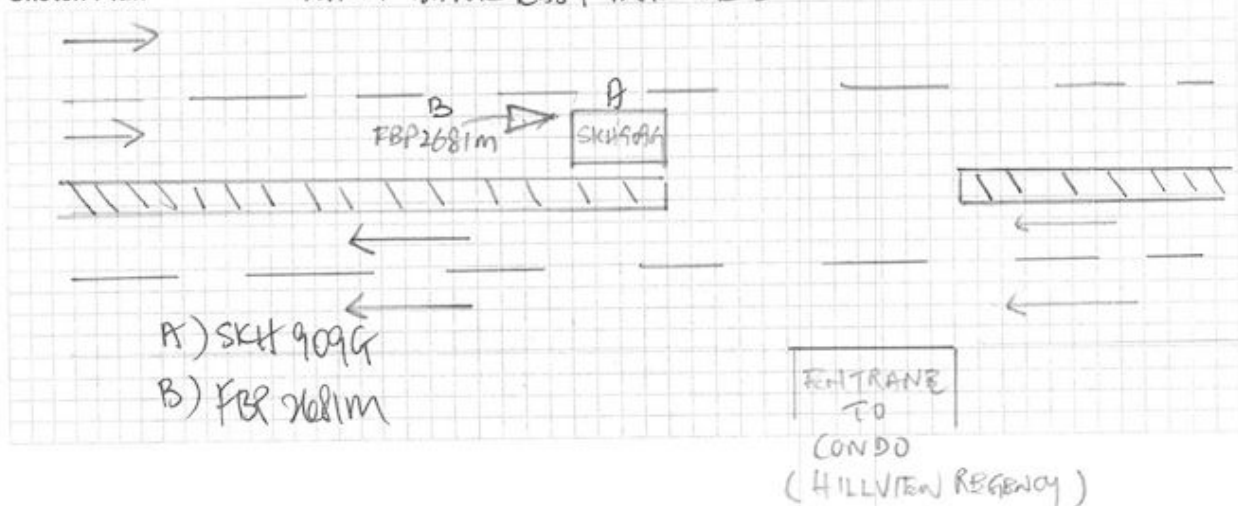
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BUKIT BATOK EAST AVENUE 2



Describe Circumstances of the Accident

On ~~Sat~~ Saturday, 28 May 2022, around 1815 hrs, me together with my family were on the way home, my car was stationary ^(with Right Signal light turn on) along Bukit Satok East Ave 2, waiting for traffic to clear at the opposite road, before turning into the Condo Entrance (HILLVIEW RESIDENCY).

Suddenly there was a loud Bang from the Rear of my car and we felt something Collided onto our car. I immediately parked my car and went down to see what happened.

I noticed a motorbike had hit the Rear of my car and the bike and the Rider was lying at the left side of my car.

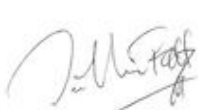
I noted that the Rider did not sustain any ~~major~~ injury so I help the ~~other~~ Rider up and together with the help of a young man (witness) move the motorbike to the side of the road.

I asked the Rider 3 times if he need an ambulance to see a doctor. He said No and he was fine. He acknowledged that it was his fault and did not see my car and bang or Collided onto my car. We exchange details and parted our ways Separately.

Witness: ADITHYA HARI LYER, T04710296, +65 8650 8703

Declaration

We declare the foregoing particulars are true in every respect.

 30/05/2022
12.40

Policyholder's Signature / Date & Time

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

 30/05/2022
Witnessed by Reporting Centre Personnel









