

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	01/06/2022 11:39 (SGT)
Reported by	Both
Date of Accident	19/05/2022 02:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HILL ST TURNING LEFT ONTO STAMFORD RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9559K
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GEORGINA TAN SHI YING
NRIC No	SXXXX262Z
Email Address	georginatsy@gmail.com
Mobile Phone No	(Phone) +65-84841169
Alternative Phone No	+65-84841169

VEHICLE PARTICULARS

Manufacturer	Audi
Model	R8
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	4163

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00047852201

DRIVER

Name of Driver	GEORGINA TAN SHI YING
NRIC No	SXXXX262Z
Date Of Birth	19/07/1993
Occupation	Indoor

Date Of Driving Pass	28/09/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84841169
Alt. Phone Number	+65-84841169
Email Address	georginatsy@gmail.com
Address	20 UPPER NERAM RD
Address complement	-
Postcode	805983
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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

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. 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.
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:

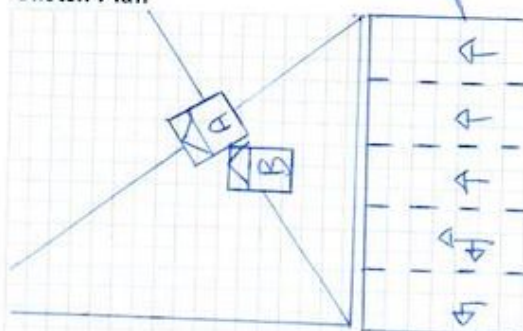
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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



HILL ST TURNING LEFT ONTO STAMFORD RD

A - SMY 9559K

B - Unknown

Describe Circumstances of the Accident

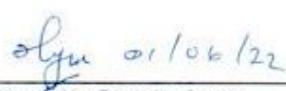
I was travelling along Hill Street, and I was approaching the junction of Stamford Road. While travelling, the GPS suddenly rerouted to turn left onto Stamford Road. I made sure that my left lane was clear before turning my vehicle left. Suddenly, vehicle B came on a high speed and collided onto my rear left of my vehicle. I stopped my vehicle on Stamford Road, but vehicle B proceeded to move off towards Victoria Street.

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

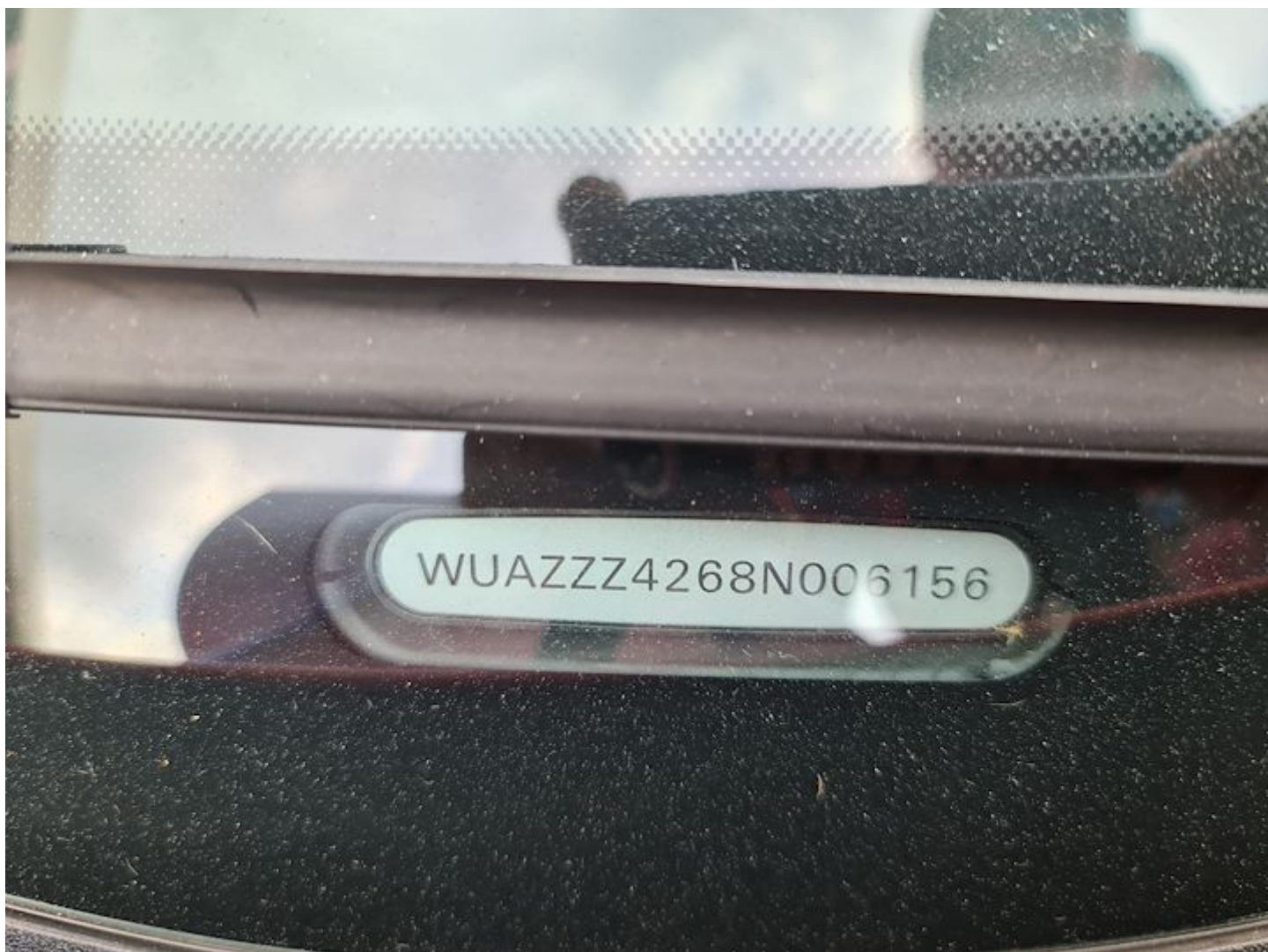
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922610004 Vehicle Registration No: SMY9559K
 Name (as shown in NRIC): GEORGINA TAN SHI YING NRIC/FIN/Passport No: SXXXX2622
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 30 UPPER MERAM RD Singapore (885963)
 Contact (Tel): _____ Mobile No.: 84841169
 Email Address: _____
 Date of Accident: 19/05/22 Time of Accident: 02:30
 Place of Accident: HILL ST TURNING LEFT ONTO STAMFORD RD
 Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND REGISTERED OWNER NAME AND DRIVER NAME

 Policyholder / Driver's Signature
 Date:

Shyue 06/07/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: