

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 13:11 (SGT)
Date of Accident 29/05/2022 11:05 (SGT)
Exact Location of Accident Near 91 Airport Rd, Singapore 534168
Additional Location Information KPE ,AIRPORT ROAD TOWARDS EUNOS LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH8377B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEE KIM LENG
NRIC No SXXXX539C
Email Address KRISSEE21@YAHOO.COM
Mobile Phone No (Phone) +65-84445388
Alternative Phone No +65-84445388

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 1200

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00229222100
Cover Note Number -

DRIVER

Name of Driver SEE KIM LENG
NRIC No SXXXX539C

Date Of Birth	29/04/1979
Occupation	Indoor
Date Of Driving Pass	04/11/2000
Driving experience	21 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84445388
Alt. Phone Number	+65-84445388
Email Address	KRISEEE21@YAHOO.COM
Address	BLK 641B PUNGGOL DRIVE #05-313
Address complement	-
Postcode	822641
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LUA SIEW TING
Gender	Female

PASSENGER 2

Name	SIM ENXU
Gender	Female

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

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	GBJ5266R
Vehicle Manufacturer	Toyota

Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Goods vehicle
Name of Driver	KHIN MAUNG CHIN
Passport No/FIN	GXXXXX703U
Contact Number	(Phone) +65-90096313
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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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 20/5/22, 12:12

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


 Witnessed by Reporting Centre Personnel

Sketch Plan

SLH8377B



GBJ 5266R

A = SLH 8377B

B = GBJ 5266R

weather is clear & dry.

Describe Circumstances of the Accident

Date of accident : 29 May 2022

Time of accident : 11.05am

Weather & road conditions: Dry & clear

While driving on a dry and straight road, suddenly the car right hand side slipped to let car from filter lane to exit. Suddenly, the van NO GBJ S266 K bang on the back of my car.

Declaration

We declare the foregoing particulars are true in every respect.

 30/5/22, 12pm
Policyholder's Signature / Date & Time

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



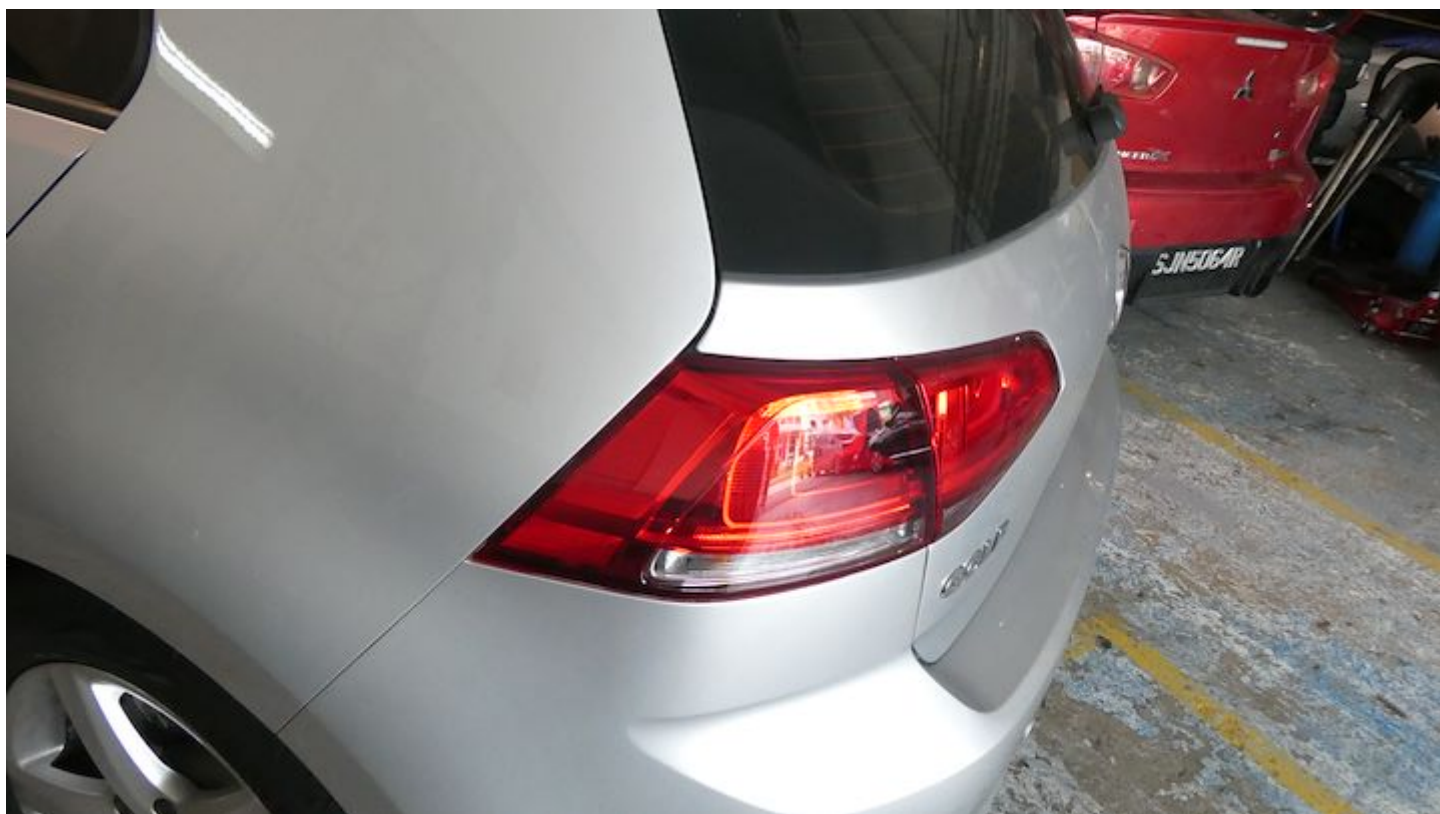
Witnessed by Reporting Centre Personnel



























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: SC0W225U0004 Vehicle Registration No: SLH 8377B
 Name (as shown in NRIC): see Kim Lian NRIC/FIN/Passport No: S7912539C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 641B Punggol DP #05-313 Singapore (822641)
 Contact (Tel): 84445399 Mobile No.: _____
 Email Address: krissee21@yahoo.com
 Date of Accident: 29/5/2022 Time of Accident: 11:05AM
 Place of Accident: KPI Airport RD to Eunos Link
 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:

workshop did not insert passenger name
into SAS.

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name: ANSON SEAH
 NRIC/FIN No.: S8034512G
 Date: 30/5/22