# **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 14/07/2022 11:14 (SGT) Reported by Date of Accident 09/07/2022 11:30 (SGT) Exact Location of Accident Singapore Additional Location Information SLE TOWARDS CTE BEFORE LENTOR EXIT Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SKZ8286Y

Honda

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DYNAMIC CAR RENTAL Company Reg No 5XXXX467K Email Address FRANCIS4436@GMAIL.COM Mobile Phone No (Phone) +65-67465405 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vezel 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1498

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00011132101

DRIVER

Name of Driver **GOH JIN AN FRANCIS** NRIC No SXXXX853J Date Of Birth 31/07/1982 Occupation Outdoor

Date Of Driving Pass 10/12/2002 Driving experience 19 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-83825855 Alt. Phone Number Email Address FRANCIS4436@GMAIL.COM Address BLK 395 BUKIT BATOK WEST AVE 5 #04-436 Address complement Postcode 650395 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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? Yes 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 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? 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 SKX4487X

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)	-

## INJURED PERSONS DETAILS

### INJURED 1

### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver. 3. Information provided must be as truthful and accurate as possible. Any wild 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
- 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
- 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
- (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 Signal e / Date &

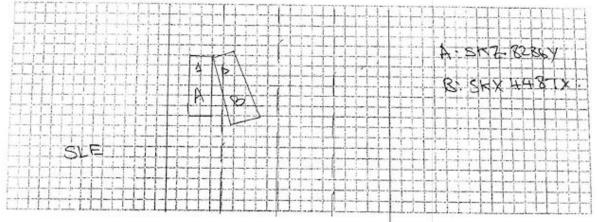
NAM

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

Witnessed by Reporting Centre

Personnel





Describe Circumstano	ces of the Accident	
	acted to brine be	æ1.
Declaration		
	iculars are true in every respect,	
SINAMIC S	Kin	4.7
* (\$6 )20 7V11130	(////	1/ 14/07/2



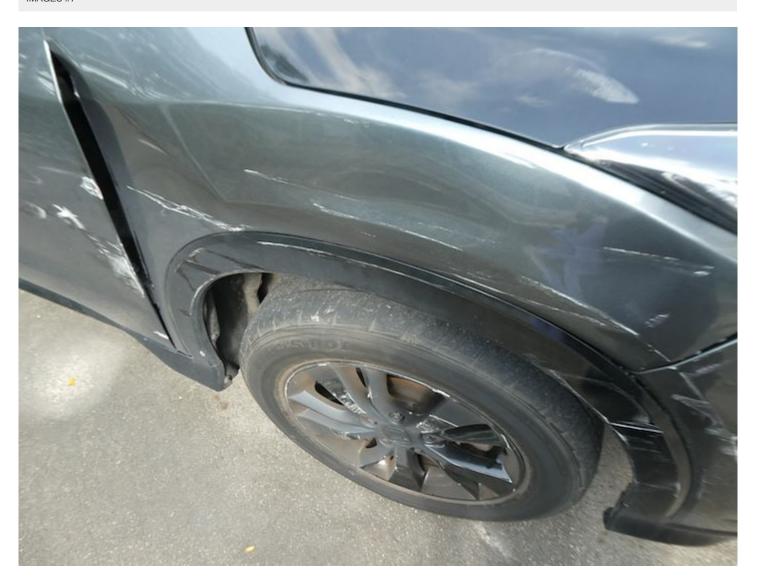




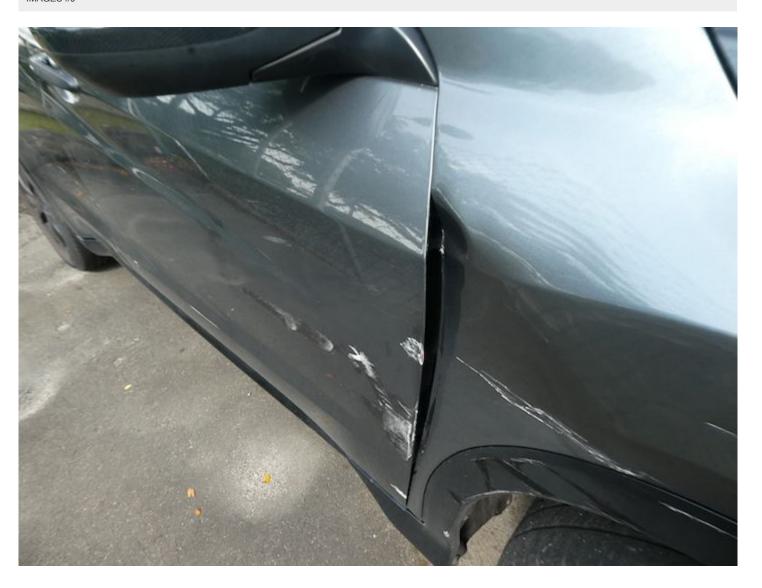






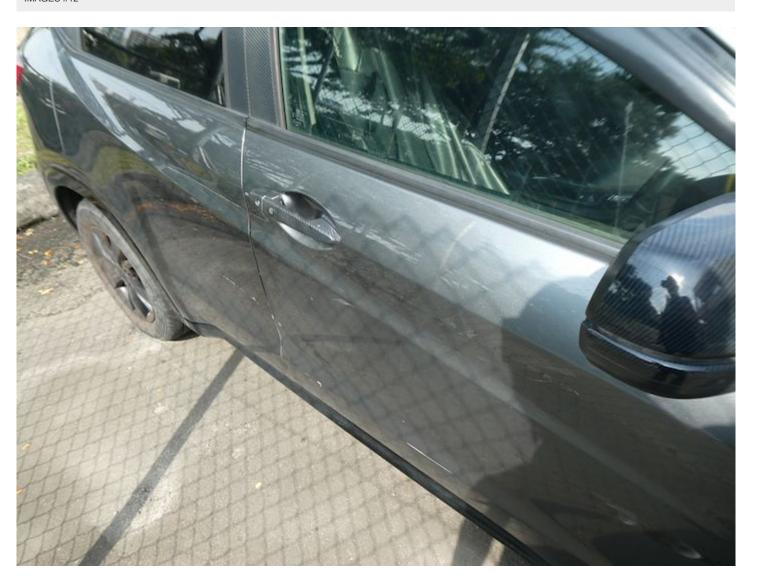




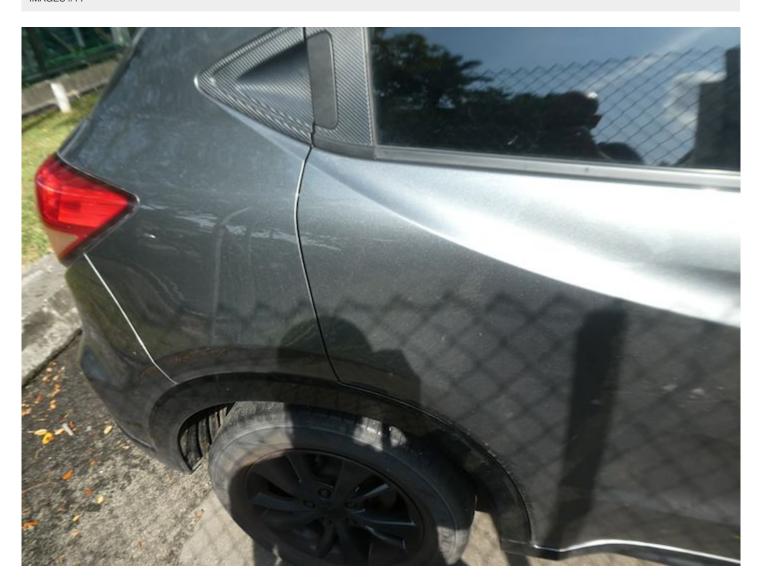


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220709/7050

Date/Time Report Made: 09/07/2022 22:39			Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
	f Informant: V AN, FRAI		Address: 395 BUKIT BATOK WEST AV 650395	ENUE	5 #04-436 SINGAPORE	
ID Type / ID No.: NRIC NO / S8223853J			Contact No.: Home/Office: Mobile: 83825855			
Nationality: SINGAPORE CITIZEN		EN	Email: FRANCIS4436@GMAIL.COM			
Sex: Male	Age:	Date of Birth: 31/07/1982	Type of Informant: Driver			
Race: Chinese			Language: English	Institu	ution / School Name:	
Occupation:			Driving Licence Information: Class: 3 Date		te of Expiry:	

General Infor	mation of the Acci	dent	Date/Time of	Type of Location
Type of Accident:	Injury Others	Drink Drive; No	Accident: 09/07/2022 11:30	Straight Road
Location: SELETAR EX Weather:	PRESSWAY	Road Surface:		Road Speed Limit:
Clear		Dry		90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis	ion: ing Vehicles - Side	Swipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKX4487X	Car	AUDI	A3			0
SKZ8286Y	Car					0

Details of Person Involved	And the second s	
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220709/7050

CONTINUATION OF REPORT

Driver		Sales and the	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	SECULE OF	and the
Name	GOH JIN AN, FRAI	NCIS		ID No.	S8223853J
Related Vehicle	SKZ8286Y (Car)			Contact No	o. 83825855
Hospital/Clinic	MOUNT ALVERNIA	A HOSPITA	AL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	09/07/2022		Date	09/0	07/2022
No. of Days gran	ted Medical Leave	05	Degree o	f Ser	ious

#### **Brief Details**

I was driving veh no SKZ8286Y on SLE towards CTE before lentor. I was traveling straight in my lane when suddenly veh no SKX4487X swerve to the left n cut into my lane hitting the right side of my veh. I had to hold my steering as the impact almost cause my vehicle to swerve to the left n hit the road divider. We alight n exchange particulars n move off. I later felt sharp pain on my back n stiffness on my shoulder n neck area. Upon proceeding to Mount Alvernia hospital i was given 5 days MC.





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

3 of 3 Report No. T/20220709/7050

CONTINUATION OF REPORT

ě	Sketch Plan
	Informant is not able to provide sketch

ed by Singpass. No signature is
Case:
)

NP168