

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 Actual 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	03/08/2022 18:01 (SGT)
Reported by	Driver
Date of Accident	02/08/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9140U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN SWEE CHENG
NRIC No	SXXXX874Z
Email Address	dericag@hotmail.com
Mobile Phone No	(Phone) +65-96431595
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00145452101

DRIVER

Name of Driver	GAN CHIA CHIA
NRIC No	SXXXX308G
Date Of Birth	13/05/1978
Occupation	Indoor

Date Of Driving Pass	01/03/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97868267
Alt. Phone Number	-
Email Address	dericag@hotmail.com
Address	32 LENGKONG SATU
Address complement	-
Postcode	417509
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COUSIN
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	DRIZZLING
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007489999
Alt. Police Station Phone No	(Fax) +65-67454676
Police Station Address	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE 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	SGQ7066S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STEPHEN NG JIN SENG
NRIC No	SXXXX032G
Contact Number	(Phone) +65-81688655
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

Name of injured person	GAN CHIA CHIA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIDDY
Injured person in which vehicle?	SLK9140U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

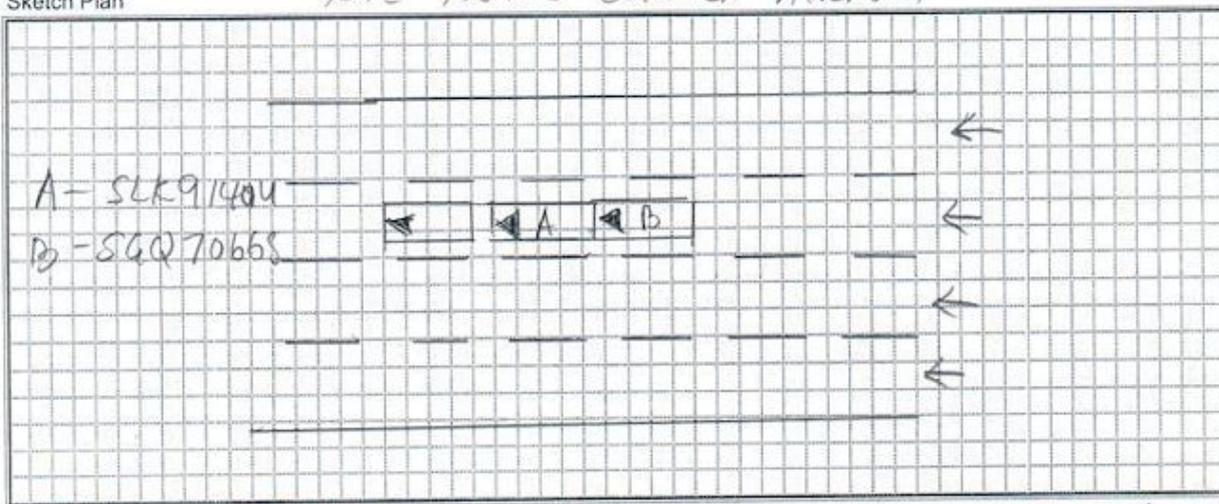
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(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	3/8/2022 _____ Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 03/08/22 _____ Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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Sketch Plan DIE TWAAS CHANGI AIRPORT



Describe Circumstance of the Accident

Pls refer to the police report.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Jia 3/8/2022

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

Lynn 03/08/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220803/2090

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

2 of 3
Report No. T/20220803/2090

CONTINUATION OF REPORT

Brief Details.

On the 2/8/2022 at about 5.50pm I was driving my car SLK9140U, Honda HRV, Silver along PIE (towards Changi Airport) with my mother and my production worker. I was from my workplace and I was going home. At that time, there was a slight rain. It was slow traffic along PIE (towards Changi Airport) and I was driving on the second lane. As the traffic was slow, I was intermittently stopping my vehicle. Out of the sudden, I felt a big impact from the rear. At the moment of the accident, I had already stopped my vehicle and I was stepping on my car brakes.

I went down from my vehicle and made a check and I discovered that another vehicle had hit onto the rear of my vehicle. The other vehicle is a Honda Vezel, Brown with registration plate number SGQ7066S. The driver of the vehicle then came out from his car and approached me. The driver asked if I was injured and if my passenger was injured. I informed him that there was no physical injuries at that moment. We exchanged particulars for insurance claim purposes. After the exchanging of the particulars, I drove home. While at home, I was feeling giddy.

On the 3/8/2022, I was still feeling giddy as such I went to the doctor to have a check. I went to Parkway East Hospital and informed the doctor of the accident. I went to do an X-ray and ECG. The result was fine and there is no serious injuries. I was given painkiller and medicines for my giddiness. I was discharged from the clinic at Parkway East Hospital and given 3 days of medical leave, from 3/8/2022 to 5/8/2022. I then decided to lodge a police report with regards to this accident and also for the insurance claiming purposes.

























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410112
Tel No: 1800-7489999

3 of 3

Report No. T/20220803/2090

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SI MOHAMAD SHAIFUL BIN ABDUL LATIP		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 03/08/2022 16:51	
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219		Classification Of Case:	

NP168