

# 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 ..... 29/08/2022 18:05 (SGT)  
Reported by ..... Both  
Date of Accident ..... 29/08/2021 08:40 (SGT)  
Exact Location of Accident ..... ECP, Singapore  
Additional Location Information ..... TOWARDS MCE BEFORE MCE ENTRANCE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKT994X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YSABEL TAN SHIWEN  
NRIC No ..... SXXXX563F  
Email Address ..... tanysabel@gmail.com  
Mobile Phone No ..... (Phone) +65-81399115  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... S60  
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 ..... 1560

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNA00117672201

### DRIVER

Name of Driver ..... YSABEL TAN SHIWEN  
NRIC No ..... SXXXX563F  
Date Of Birth ..... 17/08/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	27/09/2010
Driving experience .....	10 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81399115
Alt. Phone Number .....	-
Email Address .....	tanysabel@gmail.com
Address .....	BLK 74 BEDOK NORTH ROAD #14-114
Address complement .....	-
Postcode .....	460074
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 .....	Raining
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) .....	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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	GBK6028A
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	FOO SHIN FATT
NRIC No .....	SXXXX458H

Contact Number .....	(Phone) +65-97297811
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 .....	YSABEL TAN SHIWEN
Gender .....	Female
Phone No .....	(Phone) +65-81399115
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKT994X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

Veh A: SKT 994X  
Veh B: GBK 6028A

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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.

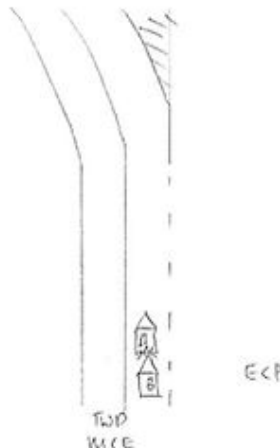
\*\*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




A) SKT 994X  
B) GBK 6028A

Describe Circumstances of the Accident	
Vehicle A	SKT 994 X
Vehicle B	GBK 6028A
I was driving along ECP towards MCE and a van hit my car from the back when it was stationary.	


veh B GRIC 6028A

veh B GRIC 6028A

I was driving along ECP towards MCE and a van hit my car from the back when it was stationary.

<h3>Declaration</h3> <p>We declare the foregoing particulars are true in every respect.</p>	
 29 August 2022, 11:11am	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time

We declare the foregoing particulars are true in every respect.

 29 August 2022,  
11-11 am

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

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time
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Driver's Signature (If driver is not the policyholder) / Date & Time	
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Witnessed by Reporting Centre  
Personnel



























