

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	01/09/2022 18:09 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 14:30 (SGT)
Exact Location of Accident	14 Scotts Rd, Singapore 228213
Additional Location Information	TURNING OUT FROM FAR EAST PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	X-TREME FITNESS PTE. LTD.
Company Reg No	2XXXXX606C
Email Address	rtph82@gmail.com
Mobile Phone No	(Phone) +65-92268282
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Ranger
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	Commercial vehicle
Transmission	Auto
CC	1996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00141272100

DRIVER

Name of Driver	TEO PENG HUANG (ZHANG BINGHUANG)
NRIC No	SXXXX810C
Date Of Birth	08/02/1982
Occupation	Indoor

Date Of Driving Pass	05/06/2000
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92268282
Alt. Phone Number	-
Email Address	rtph82@gmail.com
Address	7 ALEXANDRA VIEW #38-05
Address complement	-
Postcode	158741
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	2
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	CHERYL LYNN OH
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK55R
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**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

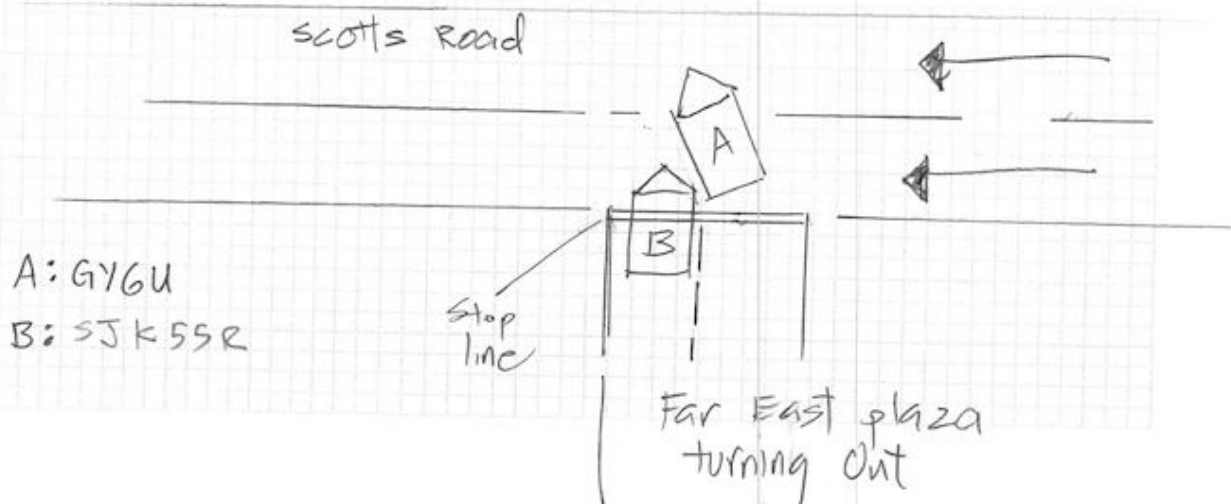
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 1/4/22

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

LICENSE PLATE: 6Y6U	ACCIDENT DATE & TIME: 27/8/22 1430H
CONTACT NUMBER: 9226 8282	E-MAIL ADDRESS: rtp1820@gmail.com
LOCATION: Far East Plaza turning out to Scotts Road	
<p>AS I'M TURNING OUT FROM THE RIGHT LANE OF FAR EAST PLAZA PROCEEDING TO THE 2ND LANE OF SCOTTS ROAD, I FELT THAT MY REAR LEFT TYRE CLIP ON THE FRONT RIGHT TYRE OF THE VEHICLE ON MY LEFT. FROM THE LEFT SIDE MIRROR IT CAN BE SEEN THAT THE TYRE TOUCHES AS SK55R HAS A REALLY BIG TYRES.</p>	
<p>AS SCOTT ROAD IS CONGESTED, I PROCEEDED TO STOP AFTER PASSING ORCHARD ROAD, CAME DOWN AND TAKE A LOOK AND CONFIRM THERE ARE NO SIGN OF DAMAGED. THE GET OTHER CAR DROVE OFF AS HE TURN THE OTHER DIRECTION.</p>	
<p>AFTER REVIEWING THE FOOTAGE FROM MY REAR CAMERA, IT SHOWS THAT SK55R STOP WAY OUT OF THE STOP LINE. (Picture Attached) ALSO NO FURTHER DAMAGE IS OBSERVED FROM HIS CAR AS WELL. FROM THE HEIGHT OF HIS FENDER, IS UNLIKELY MY TYRE CAN TOUCH IT.</p>	
<p>* LATE REPORTING REPORTING DUE TO COVID +VE FROM 28 AUG 22 TO TESTED ART NEG ON 1 SEP 22</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input checked="" type="checkbox"/> Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 1/9/22

Reg. No. 201927630C

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

[Signature] 1/9/22

Witnessed by Reporting Centre Personnel

[Signature] 9/09/2022



















