

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 20/09/2022 11:03 (SGT)
Reported by Both
Date of Accident 19/08/2022 19:00 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC4006M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JIAN LONGCHANG
NRIC No S2663860G
Email Address jianlc@newcentury-cadcam.com
Mobile Phone No (Phone) +65-97956068
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant HYBRID 1.5X AUTO
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 Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00126912102

DRIVER

Name of Driver JIAN LONGCHANG
NRIC No S2663860G
Date Of Birth 15/09/1965
Occupation Indoor

Date Of Driving Pass	14/03/2002
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97956068
Alt. Phone Number	-
Email Address	jianlc@newcentury-cadcam.com
Address	BLK 338 UBI AVENUE 1 #08-855
Address complement	-
Postcode	400338
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

I was trying to filter left with signal indication on , Vehicle B refused to give way to me. As a result , his right side & my left side contacted each other.

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	SHA1216M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

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.
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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.

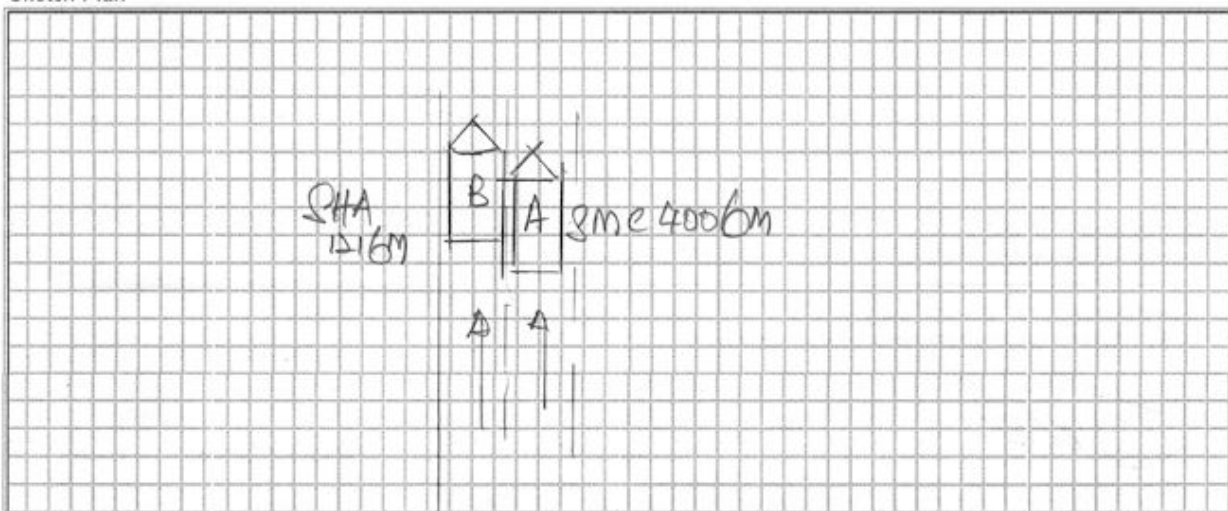


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I WAS TRYING TO FILTER LEFT WITH SIGNAL INDICATION ON.
 VEHICLE B REFUSED TO GIVE WAY TO ME.
 AS A RESULT, HIS RIGHT SIDE & MY LEFT SIDE CONTACTED
 EACH OTHER

Declaration

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

Till

Policyholder's Signature / Date & Time

20/9-2022

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

Holtano

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







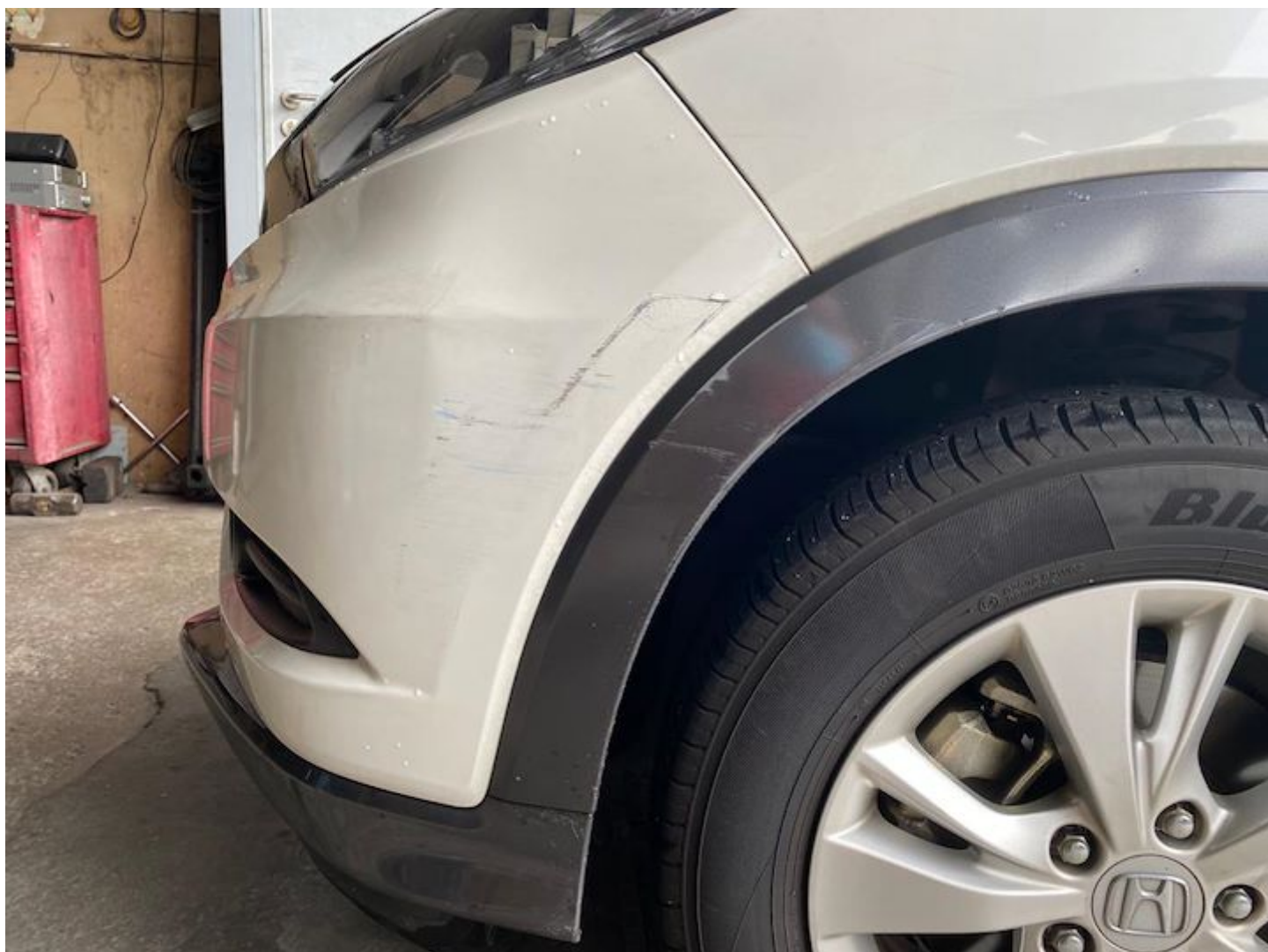


















Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

11 North Bridge Road #23-01 Peninsula Plaza Singapore 179098
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688
Email: KSTEOCO@singnet.com.sg
(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/AF1145-ACC-46432.22/sf (mc)
Your Ref : SMC 4006 M
Date : 15 September 2022

Secretary in charge: Janice
Tel : 6333 4222 (ext 62)
Fax : 6333 5676/6333 5688
Email : janice.kee@ksteoptr.com

To: **China Taiping Insurance (Singapore) Pte Ltd**
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY EMAIL

cc. **Jian LongChang**
Blk 338 Ubi Avenue 1
#08-855
Singapore 400338

BY CERTIFICATE OF POSTING

Dear Sirs

RE: ACCIDENT INVOLVING SHA 1216 M / SMC 4006 M ON 19/8/22 ALONG ORCHARD ROAD

We are instructed by **Ang Kock Cheng** to claim damages against you in connection with a road accident on **19/8/22 ALONG ORCHARD ROAD** involving our client's motor vehicle registration number **SHA 1216 M** motor vehicle registration number **SMC 4006 M** driven by you or your authorised driver at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's suffered injuries, particulars of which are as follows:

Personal Injuries	
General damages	\$ 12,000.00
Medical expenses	\$ 40.00
Medical report fees	\$ 200.00
Transportation (\$20 x 2 Trips)	\$ 40.00
LTA fees	\$ 7.49
Costs contribution (at this juncture)	\$ 2,675.00
TOTAL	\$ 14,962.49

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

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Your Ref : SMC 4006 M
Date : 15 September 2022

Secretary in charge: Janice
Tel : 6333 4222 (ext 62)
Fax : 6333 5676/6333 5688
Email : janice.kee@ksteoptr.com

A copy each of the following supporting documents is enclosed:-
(Please note that the enclosures will only be given to insurance company)

- GIA report of SHA 1216 M
- LTA search on SMC 4006 M
- Medical report(s) from Horizon Medical Pte Ltd
- Medical report receipts
- Medical Receipt(s)
- Medical Certificate(s)


Please note that you or your insurer should send to us an acknowledgment of receipt of this letter **within 14 days** of your receipt of this letter. If you or your insurer wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise within **14 days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend.

Should you failed to acknowledgment receipt of this letter within **14 days**, our client can commence court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant documents within **8 weeks** of your receipt of this letter.

TAKE NOTICE that we wish to appoint our client's doctor as per the medical report and/or Specialist Medical Report as the **SINGLE JOINT EXPERT**. Please let us know if you consent to the **SINGLE JOINT EXPERT**.

Yours faithfully



Teo Keng Siang LLC

Cc: clients

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

