

## 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 .....	26/09/2022 15:49 (SGT)
Reported by .....	Both
Date of Accident .....	23/09/2022 17:15 (SGT)
Exact Location of Accident .....	Near 163 Bedok South Ave 3, Singapore 460163
Additional Location Information .....	Carpark of B/162 Bedok South Road
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMC3058U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN CHAUN JIN
NRIC No .....	SXXXX619E
Email Address .....	tancj@hotmail.com
Mobile Phone No .....	(Phone) +65-98800298
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00151242201

#### DRIVER

Name of Driver .....	TAN CHAUN JIN
NRIC No .....	SXXXX619E
Date Of Birth .....	11/12/1955
Occupation .....	Indoor

Date Of Driving Pass .....	12/02/1979
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98800298
Alt. Phone Number .....	-
Email Address .....	tancj@hotmail.com
Address .....	APT BLK 162 BEDOK SOUTH ROAD #01-402
Address complement .....	-
Postcode .....	460162
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 on collision
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? .....	No
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

ON 23/9/22 AROUND 5:15PM, I WAS DRIVING MY VEHICLE SMC3058U (A) AFTER DROPPING OFF MY DAUGHTER IN LAW. AS I WAS DOING A REVERSE PARKING IN THE CARPARK OF BLK 162 BEDOK SOUTH ROAD WHEN MY VEHICLE WAS ABOUT TWO THIRD IN THE LOT NUMBER 415, A VEHICLE BEARING NUMBER PLATE SKT 9605K (B) MADE A TURN AND THE LEFT SIDE OF THE VEHICLE COLLIDED WITH THE RIGHT SIDE OF MY BUMPER RESULTING IT TO BE DISLODGED.

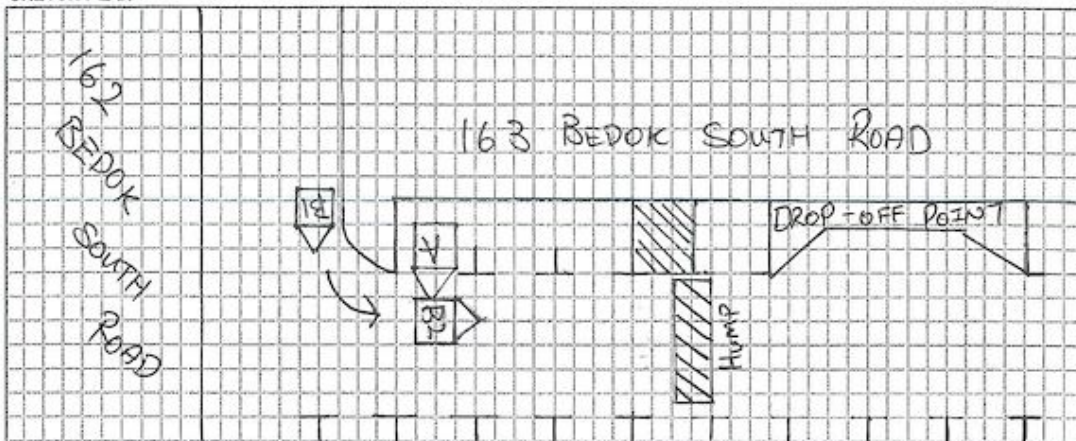
I WISH TO STATE THAT I WAS ALONE IN THE VEHICLE.

A) SMC3058U  
B) SKT9605K

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/9/22 AROUND 5:15PM, I WAS DRIVING MY VEHICLE SMC3058U (A) AFTER DROPPING OF MY DAUGHTER IN LAW. AS I WAS DOING A REVERSE PARKING IN THE CARPARK OF BLK 162 BEDOK SOUTH ROAD WITH MY VEHICLE WAS ABOUT TWO THIRD INTO THE LOT 415, A VEHICLE BEARING NUMBER PLATE SKT9605K (B) MADE A TURN AND THE LEFT OF THE VEHICLE COLLIDED WITH THE RIGHT SIDE OF MY BUMPER RESULTING IT TO BE DISLODGE.

I WISH TO STATE THAT I WAS ALONE IN THE VEHICLE.

A) SMC 3058 U

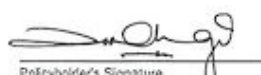
B) SKT 9605 K


IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 14 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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

  
Policyholder's Signature  
Date & Time

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

Joanne Chan MetSim (CSO)  
Tel: 65928873  
Fax: 65928879  
Reporting Centre Personnel's Signature  
Name:  
NRIC / Fin No.:

## SKETCH PLAN


### IMPORTANT NOTICE

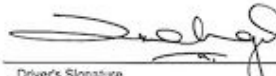
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### 8. Consent under the Personal Data Protection Act (PDPA)

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time

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

  
Joanne Chan Mei Shih (CSO)  
Tel: 6592 8073  
Fax: 6442 5573  
Reporting Centre Personnel's Signature  
Name:  
NRIC / Fin No.:



































