

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 30/09/2022 18:08 (SGT)
Reported by Driver
Date of Accident 29/09/2022 19:46 (SGT)
Exact Location of Accident Singapore
Additional Location Information OUTSIDE CONDO NO 39 SIMEI ST 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ8069G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JETSPRINT AUTO ENTERPRISEE
Company Reg No -1
Email Address willphuacd@gmail.com
Mobile Phone No (Phone) +65-96714711
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNW00013212102

DRIVER

Name of Driver WILL PHUA ZHONGWEI
NRIC No SXXXX346A
Date Of Birth 02/10/1981
Occupation Outdoor

Date Of Driving Pass	18/06/2003
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98465271
Alt. Phone Number	-
Email Address	willphuacdl@gmail.com
Address	BLK 614A EDGEFIELD PLAINS
Address complement	#07-321
Postcode	821614
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	PASSENGER
Gender	Male

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 TRAVELLING ALONG SIMEI STREET 4 GOING INTO THE CONDO NO 39 .WHEN THE VEH B WAS STATIONARY AND NO SIGNAL OF MOVING THE VEH AT THE BUS STOP,I OVERTAKE THE BUS COZ I'M MAKING A LEFT TURN INTO THE CONDO.WHEN I'M MAKING THE TURN SUDDENLY VEH B MOVED OFF AND HIT ONTO MY REAR LEFT SIDE PORTION OF MY VEH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3009H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LEE ONN LEONG
NRIC No	SXXXX841J
Contact Number	(Phone) +65-86572051
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

[Signature] 30th Sep 2022

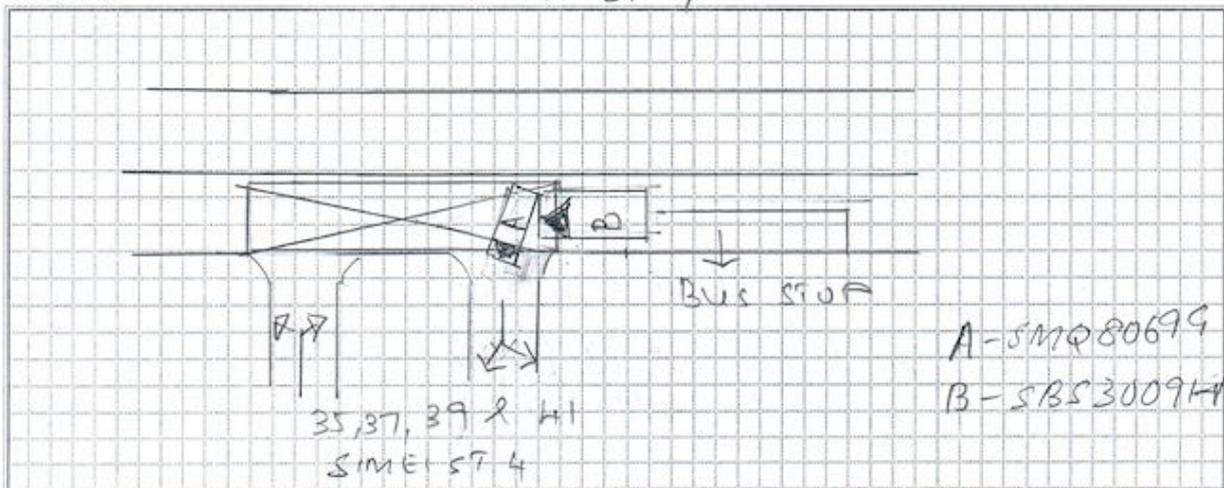
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 30/09/22

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

Sketch Plan

SIMEI ST 4



A-SMQ80699
B-SBS30094

Describe Circumstance of the Accident

P/s refer to the statement.

Declaration

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



Policyholder's Signature / Date & Time

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

30th Sept 2022

[Signature] *30/09/22*
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



