

# 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 .....	03/10/2022 20:44 (SGT)
Reported by .....	Both
Date of Accident .....	02/10/2022 19:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE TWDS AYE B4 PIE CHANGI EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN4026Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIM WEE ZHONG
NRIC No .....	SXXXX464Z
Email Address .....	sherwinswz@gmail.com
Mobile Phone No .....	(Phone) +65-83829753
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00028432202

### DRIVER

Name of Driver .....	SIM WEE ZHONG
NRIC No .....	SXXXX464Z
Date Of Birth .....	20/06/1985
Occupation .....	Indoor

Date Of Driving Pass .....	18/12/2010
Driving experience .....	11 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83829753
Alt. Phone Number .....	-
Email Address .....	sherwinswz@gmail.com
Address .....	BLK 21 EUNOS CRESCENT
Address complement .....	#08-2981
Postcode .....	400021
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) .....	4
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 .....	PHUA JIAN HUI
Gender .....	Female

#### PASSENGER 2

Name .....	NG BEE HUA
Gender .....	Female

#### PASSENGER 3

Name .....	NG BEE YONG
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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLL8882M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-97678882  
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 ..... SIM WEE ZHONG  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SMN4026Y  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... PHUA JIAN HUI  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SMN4026Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 3

Name of injured person ..... NG BEE HUA  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SMN4026Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 4

Name of injured person ..... NG BEE YONG  
Gender ..... Female



Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMN4026Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

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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.
- (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

My vehicle was travelling along CTE towards AVE before Pte Changi Exit. There was a vehicle break down on the lane I was travelling in as such I slow down my vehicle in preparation to filter out when the lane is clear. The next moment, I felt an impact from my vehicle rear partition. When I got down, I saw vehicle (16) collided onto me.

## 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

 03/10/12  
Witnessed by Reporting Centre Personnel





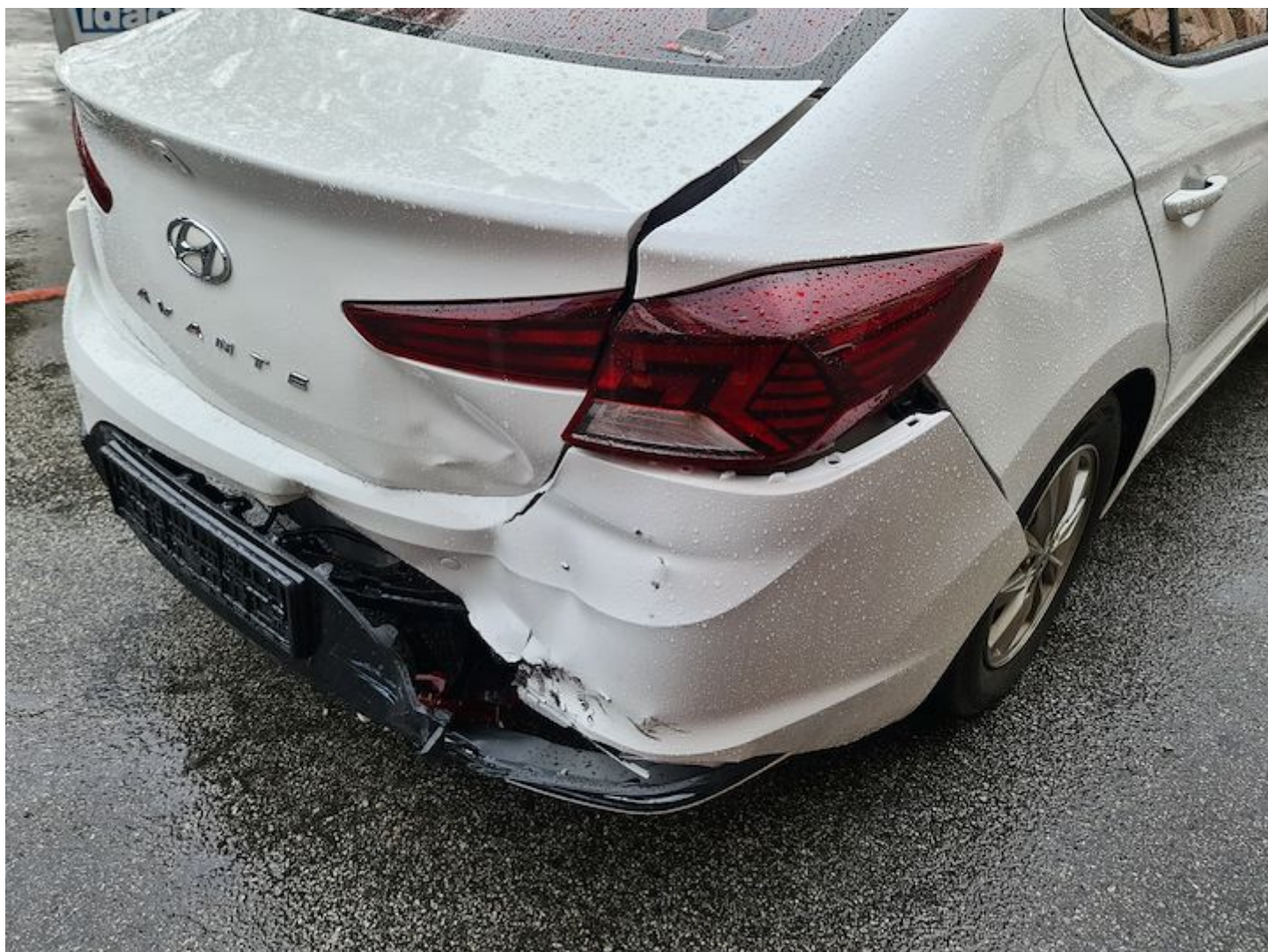


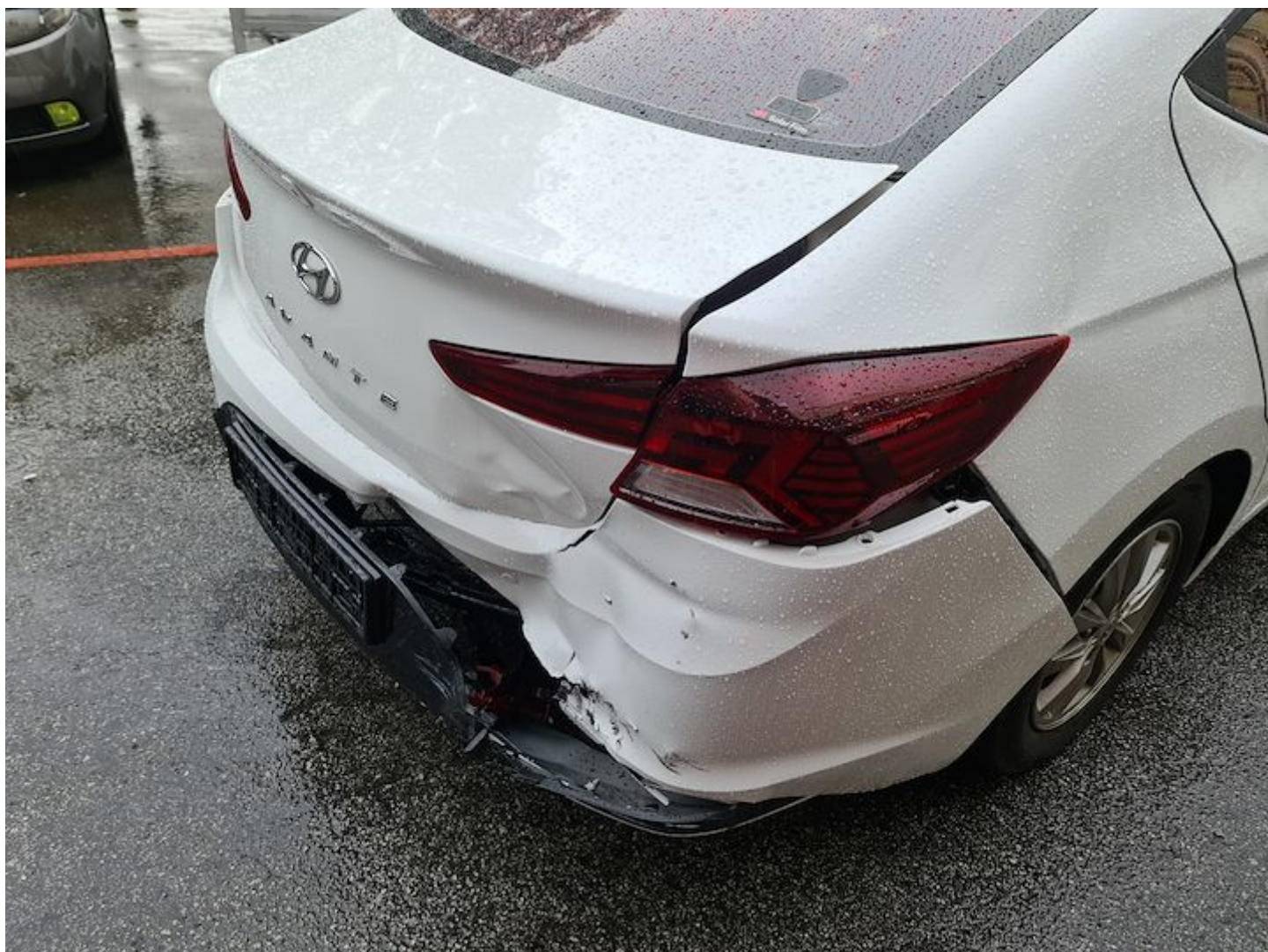












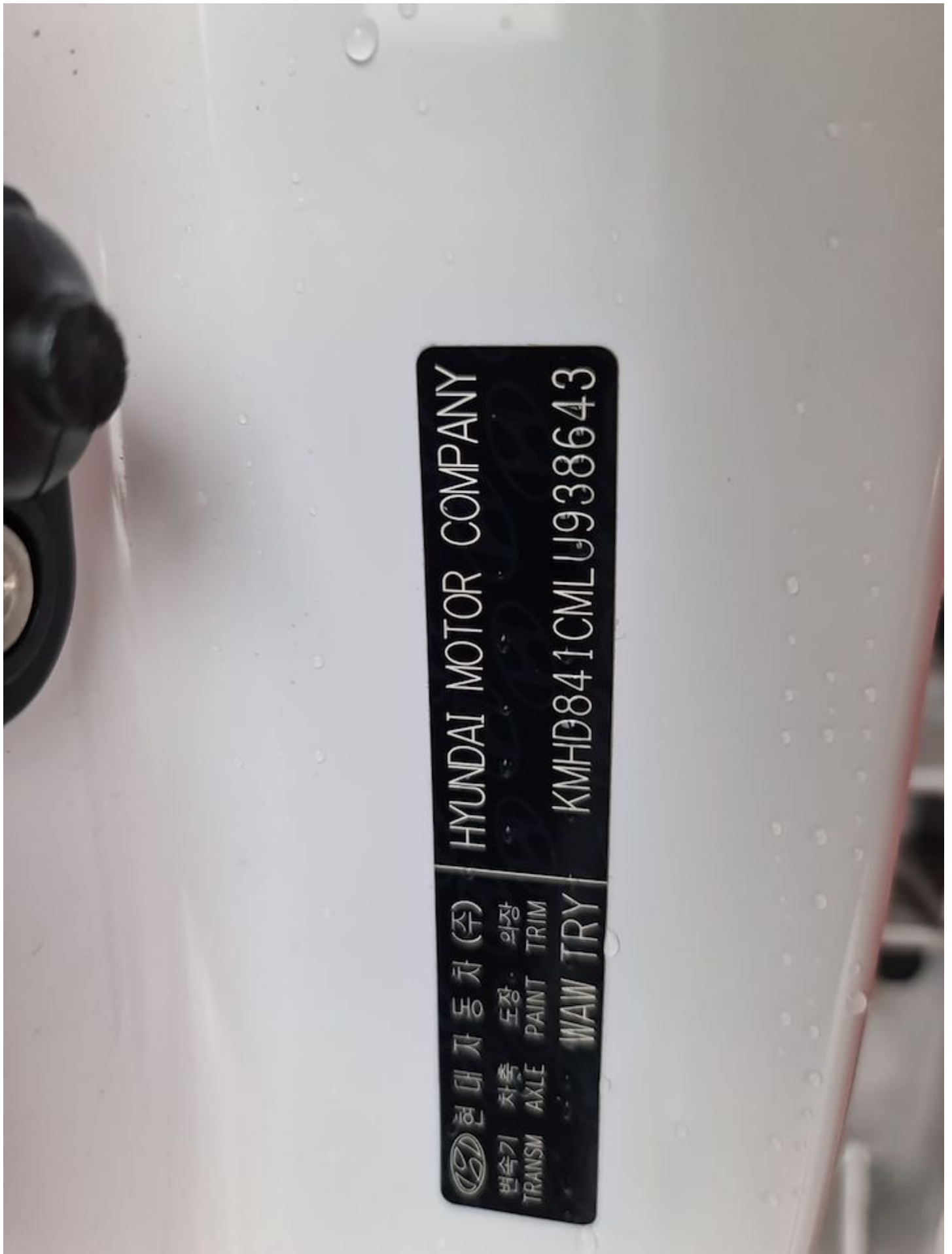
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0922A3000G Vehicle Registration No: SMN40264  
 Name (as shown in NRIC): SIM WEE ZHONG NRIC/FIN/Passport No: SXXXX4642  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 21 EUNOS CRESCENT #08-2981 Singapore ( 400001 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 83829753  
 Email Address: \_\_\_\_\_  
 Date of Accident: 02/10/22 Time of Accident: 19:30  
 Place of Accident: CTE TWOS AYE BU RIE CHANGI EXIT  
 Insurance Company: CHINA FAIRING

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN PHOTOS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

Sim 04/10/22  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: