

## 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 .....	04/10/2022 14:18 (SGT)
Reported by .....	Owner
Date of Accident .....	03/10/2022 16:24 (SGT)
Exact Location of Accident .....	South Bridge Rd, Singapore
Additional Location Information .....	South Bridge Road towards Pickering Street
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR1669R
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Zi Yi Xuan Transport
Company Reg No .....	53439235X
Email Address .....	desmondtan2378@yahoo.com
Mobile Phone No .....	(Phone) +65-96553274
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 .....	DMHCSNW00015772200

#### DRIVER

Name of Driver .....	Tan Loh Nee
NRIC No .....	S7311921I
Date Of Birth .....	11/04/1973
Occupation .....	Outdoor

Date Of Driving Pass .....	22/11/2010
Driving experience .....	11 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96553274
Alt. Phone Number .....	-
Email Address .....	desmondtan2378@yahoo.com
Address .....	Blk 670C Edgefield Plains #15-646
Address complement .....	-
Postcode .....	823670
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 .....	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) .....	3
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 .....	unknown
Gender .....	Male

#### PASSENGER 2

Name .....	unknown
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

refer attached report.

#### 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 .....	video with owner.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJZ504H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Tony Wong Toon Tong
Contact Number .....	(Phone) +65-98338819
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 .....	Tan Loh Nee
Gender .....	Male
Phone No .....	(Phone) +65-96553274
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMR1669R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# 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.

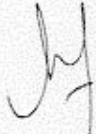

(collectively the "Purposes")

(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.

X  

Policyholder's Signature / Date & Time

X  

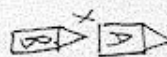
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

## Sketch Plan

Veh A) SMR 1669R  
Veh B) SJZ 504H



South bridge rd towards Pickering St.



Describe Circumstances of the Accident

On the State & time, I was travelling along South bridge rd towards Pickering st, As the traffic light turn green, I slowly accelerate and stop behind the front vehicle, Suddenly I felt an impact and realise veh B (SJZ 564H) collided to the rear portion of my vehicle. That is all.  
(2 days inc, no police report)

Declaration

We declare the foregoing particulars are true in every respect

X

Policyholder's Signature / Date & Time

X

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

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: SS2E22A40004-01 Vehicle Registration No: SMR 1669R  
 Name (as shown in NRIC): Zi Yi Xuan Transport NRIC/FIN/Passport No: 53439235X  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96553274  
 Email Address: desmondtan2378@yahoo.com  
 Date of Accident: 03-10-2022 Time of Accident: 16.24  
 Place of Accident: South Bridge road towards Pickering St  
 Insurance Company: China

**(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:

Amendmend name of injured "Tan Loh Nee"  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: