

# 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 .....	26/10/2022 17:31 (SGT)
Reported by .....	Driver
Date of Accident .....	25/10/2022 18:36 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNC OF TAMPINES RD TURNING INTO BUANGKOK EAST DR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ7457C
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN GIN CHUI
NRIC No .....	SXXXX097J
Email Address .....	thaddeustan95@live.com
Mobile Phone No .....	(Phone) +65-96484883
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Qashqai
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1200

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00011362100

### DRIVER

Name of Driver .....	TAN YONG WEI THADDEUS
NRIC No .....	SXXXX320Z
Date Of Birth .....	11/03/1995
Occupation .....	Outdoor

Date Of Driving Pass .....	04/12/2014
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97777216
Alt. Phone Number .....	-
Email Address .....	thaddeustan95@live.com
Address .....	BLK 206C COMPASSVALE LANE
Address complement .....	#09-97
Postcode .....	543206
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLU3518B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AZMAN
Contact Number .....	(Phone) +65-91834729

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

**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 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.
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.

**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.

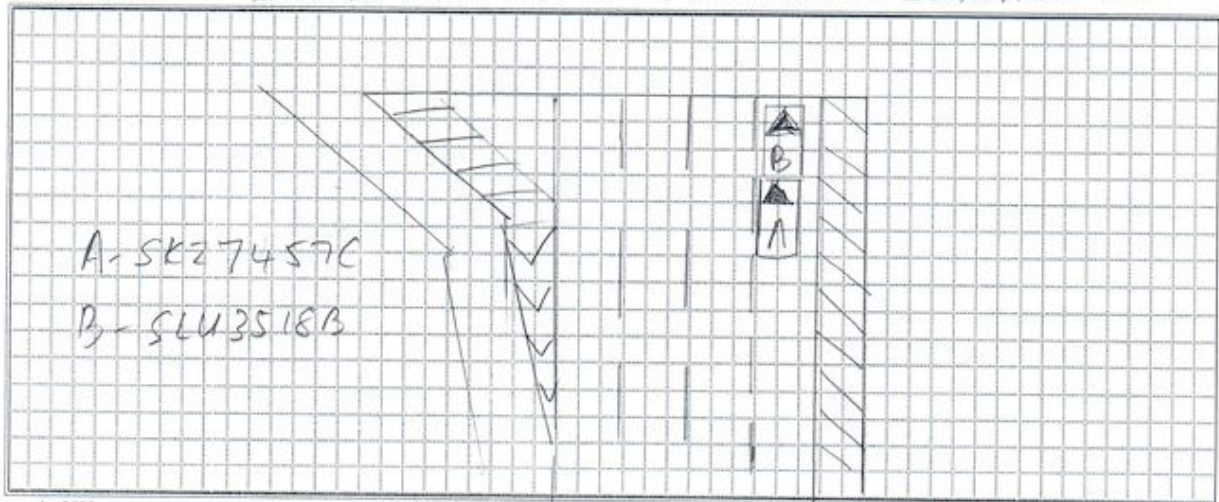
Policyholder's Signature / Date & Time

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

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

Sketch Plan

JUNC OF TAMPINES RD TURNING INTO BUANGKOK EAST DR



vJun2022

1

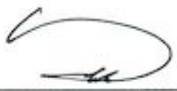
Describe Circumstance of the Accident

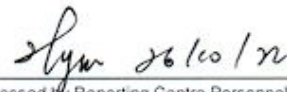
*P/s refer to the attached statement.*

## Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

 26/10/22  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

 26/10/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079908  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg No 200208364E

#### DETAIL OF ACCIDENT

PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCES UNDER WHICH THE ACCIDENT TOOK PLACE.

##### SKETCH:

On 25 October 2022 at about 6.36pm whilst on the way home from ~~one~~ Tampines Road towards Buangkok East Drive, my car was in stationary at traffic lights whereby one car was in front of me (See video attached).

Suddenly the said vehicle, SLU3518B switched lane before the traffic light junction and I slowed down to let him pass, out of the blue he jam braked twice (See video). The first time was before the junction which I managed to anticipate. The second time he braked was after the junction which was pass the stopping line of the traffic

junction whereby the light was turning amber. His indecisiveness to proceed was what led to my vehicle colliding

into his due to the short safety distance remaining after executing the first brake. My car's front number plate

was scratched (See photo) and the other vehicle SLU3518B was not damaged. Particulars of the other driver Mr Azman Hp: 91834729.

Please note: Video and photo attached for reference. I Just wanted to file this report and I am not claiming any damage.

**NOTE:-** Every communication you receive in connection with this matter should be forwarded to the Company without delay.

#### DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name: Tan Gin Chui S1307097J

NRIC/FIN/Passport No

25/10/2022

Date

Insured Signature

Driver Signature

#### FOR OFFICE USE ONLY

##### NAMED DRIVERS:-

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

##### ENDORSEMENTS:-

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

##### PERIOD OF INSURANCE:-

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

##### EXCESS:-

- a. Section I :-  
Section II :-  
b. Unnamed Driver :-  
TOTAL =  
NO CLAIM BONUS =













