

# 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 16:29 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 23/10/2022 03:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG PIE TOWARDS CHANGI BEFORE BEDOK RESERVOIR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL3450H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TEO SIEW CHENG (ZHANG XIUJING)  
NRIC No ..... SXXXXX008A  
Email Address ..... kaijieang@hotmail.com  
Mobile Phone No ..... (Phone) +65-90466154  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00224772100

### DRIVER

Name of Driver ..... JONAS ANG KAI JIE  
NRIC No ..... SXXXXX684A  
Date Of Birth ..... 23/12/1996

Occupation .....	Indoor
Date Of Driving Pass .....	18/07/2016
Driving experience .....	6 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93859215
Alt. Phone Number .....	-
Email Address .....	kaijieang@hotmail.com
Address .....	BLK 10 EUNOS CRESENT #14-2723
Address complement .....	-
Postcode .....	S (400010)
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 .....	DRIZZLING
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) .....	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

Please refer to 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 workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKH9529K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	SEAH KIAN HWANG
Contact Number .....	(Phone) +65-83337553
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 .....	JONAS ANG KAI JIE
Gender .....	Male
Phone No .....	(Phone) +65-93859215
Address .....	BLK 10 EUNOS CRESENT #14-2723
Address Complement .....	-
Post Code .....	S (400010)
Approximate Age Years Old .....	-
Injuries Sustained .....	Slight
Injured person in which vehicle? .....	SJL3450H
Were seat belts worn? .....	Yes
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.

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

On above date & time, I was driving my vehicle A ( SJL 3450H ) traveling along PIE towards Changi on most left lane of a 4-lanes, expressway. Somewhere before Bedok Reservoir Rd exit, my vehicle was driving straight in my lane and suddenly vehicle B ( SKH 9529K ) came and collided onto the rear portion of my vehicle.

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

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













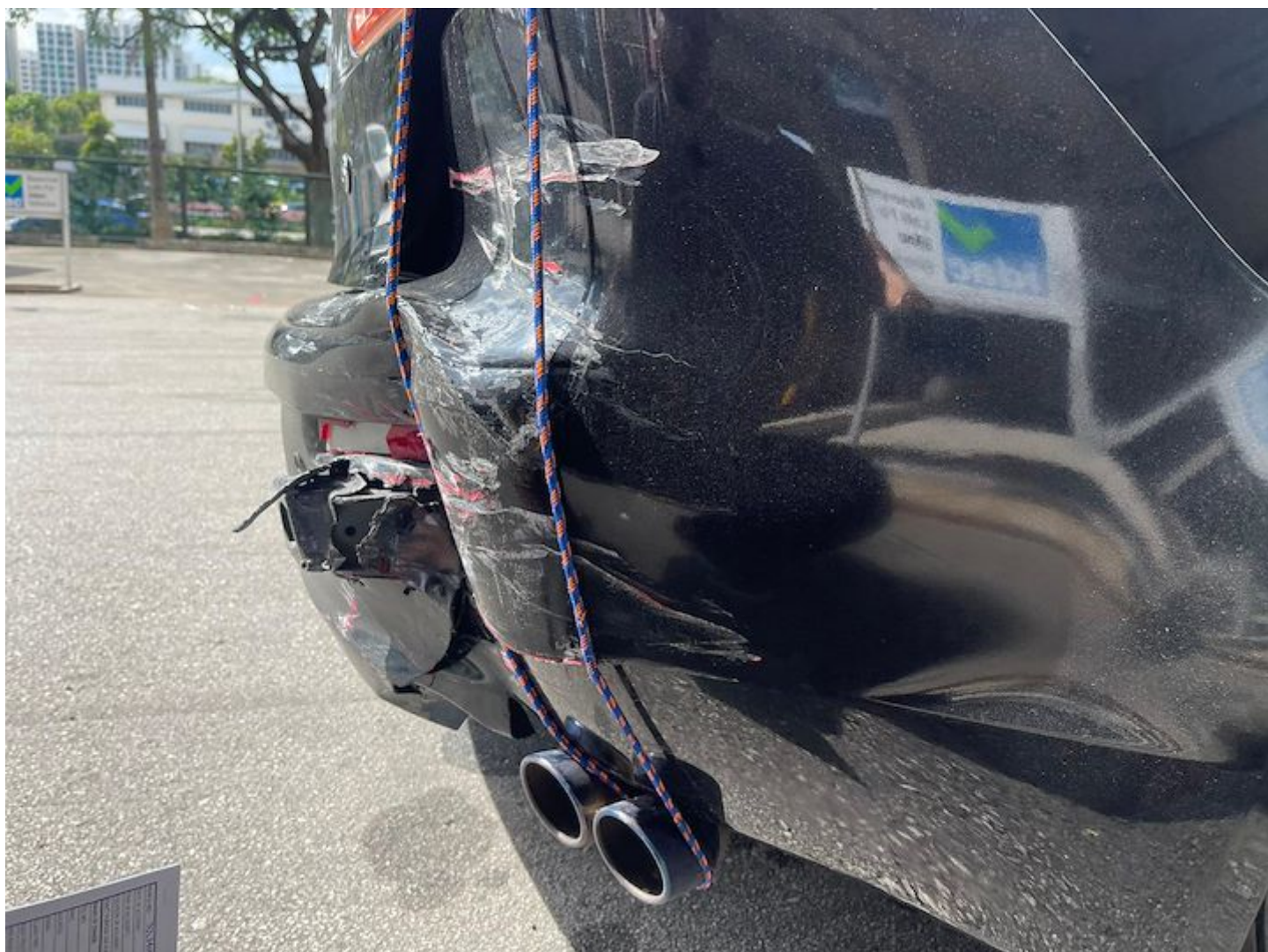














**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: SN0922AQ000L Vehicle Registration No: SJL3450 H  
 Name (as shown in NRIC): JONAS ANG KAI JIE NRIC/FIN/Passport No: S9647684A  
 (\*Vehicle/Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Blk 10 Eunos Crescent #14-2723 Singapore (400010)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9385 9215  
 Email Address: kaijieang@hotmail.com  
 Date of Accident: 23/10/2022 Time of Accident: 03:30  
 Place of Accident: Along PIE towards Changi before Bedok Reservoir Road  
 Insurance Company: CHINA TAIPING INSURANCE

**(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:

Amend registered owner name and third party vehicle number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

S. 01/11/2022  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: