

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 27/10/2022 08:55 (SGT)
Reported by Driver
Date of Accident 23/10/2022 13:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information SUNGAI TENGAH RD TOWARDS CHUA CHU KANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH9818B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEA GEOK HONG ANGELA
NRIC No SXXXX080D
Email Address ANGELATEAGH@YAHOO.COM
Mobile Phone No (Phone) +65-97467049
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla200
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 1332

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00168792202

DRIVER

Name of Driver OW_YANG KAI MING
NRIC No SXXXX981I
Date Of Birth 18/10/1981
Occupation Indoor

Date Of Driving Pass	15/12/2005
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97969818
Alt. Phone Number	-
Email Address	ANGELATEAGH@YAHOO.COM
Address	171 BUKIT BATOK WEST AVE8 #12-351
Address complement	-
Postcode	650171
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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?	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

REFER TO 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	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8035K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number -
 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	OW_YANG KAI MING
Gender	-
Phone No	(Phone) +65-97969818
Address	171 BUKIT BATOK WEST AVE8 #12-351
Address Complement	-
Post Code	650171
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKH9818B
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.

AT

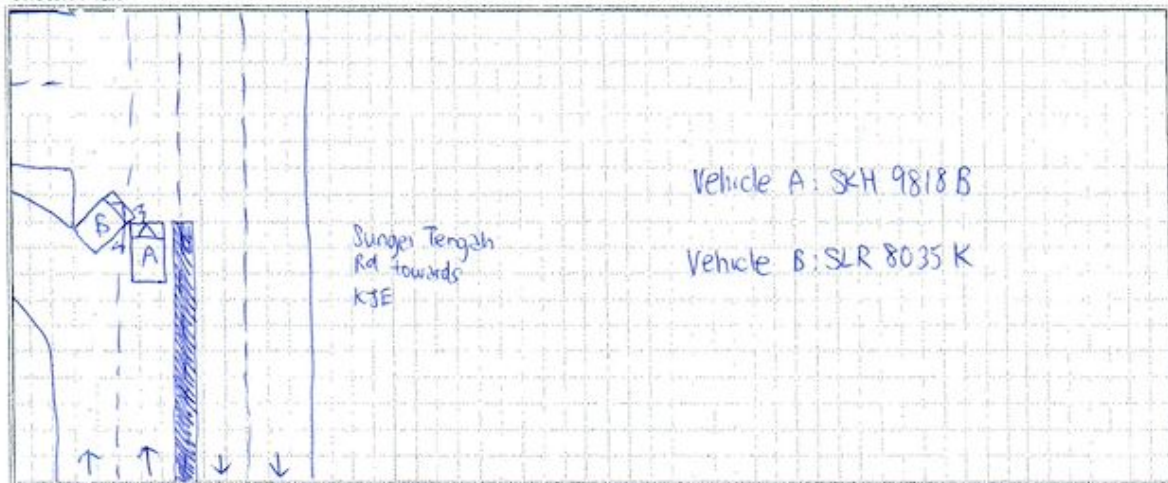
Policyholder's Signature / Date & Time

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

27/10

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

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (JKH 9810 B) along Sungai Tengah Rd towards KJE on the right lane of a 2 way road. When I was approaching the junction, vehicle B was on the left lane and trying to make a illegal u-turn, while vehicle B (SLR 8035 K) was making the turn, I tried to brake immediately, but collided into vehicle B Right Front portion.

Video footage attached.

Declaration

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

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Policyholder's Signature / Date & Time



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

 27110

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: SN0922AR001 Vehicle Registration No: SKH9818B
 Name (as shown in NRIC): OW-yong kai ming NRIC/FIN/Passport No: S8134981J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 171 Bukit Batok West Ave 8 # 12-351 650171 Singapore ()
 Contact (Tel): - Mobile No.: 97969818
 Email Address: ANGELATEAGH@yahoo.com
 Date of Accident: 23/10/22 Time of Accident: 1350
 Place of Accident: Sungai tengah Rd Twins Chua Chu Kang
 Insurance Company: CTI

(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:

TP vehicle
 : yes
 : SLR80351K
 : private car

Policyholder / Driver's Signature
 Date:

[Signature] 27/10
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: