

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 28/10/2022 11:07 (SGT)
Reported by Driver
Date of Accident 27/10/2022 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information KG JAVA ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF8381A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARENT ENTERPRISE
Company Reg No 5XXXX754A
Email Address JGOH81@GMAIL.COM
Mobile Phone No (Phone) +65-81381533
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer MG
Model ZS (EU)
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 44

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00128612200

DRIVER

Name of Driver GOH JASON
NRIC No SXXXX081G
Date Of Birth 23/10/1981
Occupation Outdoor

Date Of Driving Pass	14/12/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81381533
Alt. Phone Number	-
Email Address	JGOH81@GMAIL.COM
Address	BLK 676B YISHUN RING ROAD #05-1916
Address complement	-
Postcode	S 762676
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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?	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

PLEASE REFER TO ATTACHED REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL3880A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	L KARUNAAMOORTHY
NRIC No	SXXXX845E

Contact Number (Phone) +65-84257578
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.



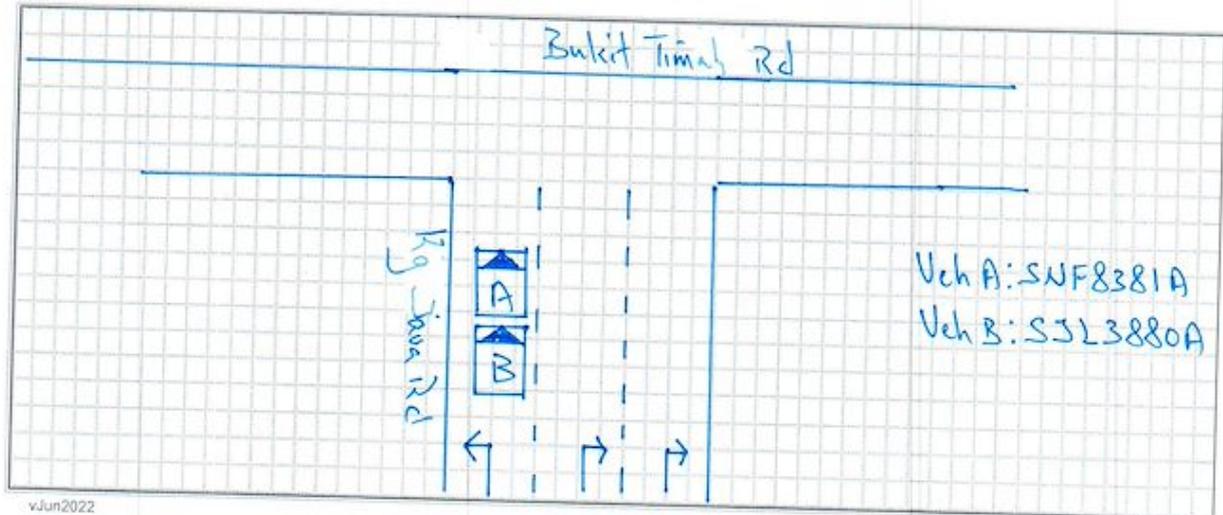
Policyholder's Signature / Date & Time

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

A. 28/10/2022

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 27/10/22 @ ard 1830hrs, I was travelling along Kg Java Rd towards Bukit Timah Rd. I was stationary waiting for the traffic to move on when suddenly I felt an impact from the rear of my vehicle. I got out of my vehicle and realised that veh(B) 5523880A had collided into my vehicle rear portion

Declaration

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



[Handwritten signature]

[Handwritten signature] 28/10/2022

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)













		SAIC MOTOR CO., LTD.	
		e5*2007/46*1329	
VIN		LSJW74093MZ098534	
Weight		1966 kg	
N/A		kg	
1-		1000 kg	
2-		975 kg	
PAINT		5WSB	
TRIM		6ASA	

Tyre Size			
205/60 R16			
215/50 R17			
Tyre Pressures (Cold)	Front kPa(bar)psi	Rear kPa(bar)psi	Spare Tyre
	230(2.3)34	230(2.3)34	NA
	260(2.6)38	290(2.9)42	
P/N: 10731034			