

# 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 ..... 01/11/2022 16:25 (SGT)  
Reported by ..... Both  
Date of Accident ..... 31/10/2022 19:30 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... (CITY) BEFORE ANG MO KIO AVENUE 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC9360U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HE SHUPING MATTHEW  
NRIC No ..... SXXXX794D  
Email Address ..... fionaxbqbq@gmail.com  
Mobile Phone No ..... (Phone) +65-88222202  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
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 ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00124602202

### DRIVER

Name of Driver ..... MAK CHOOI MAN  
NRIC No ..... SXXXX748J  
Date Of Birth ..... 13/11/1989  
Occupation ..... Indoor

|  |                                      |
|--|--------------------------------------|
| Date Of Driving Pass .....   | 01/11/2018                           |
| Driving experience .....   | 3 YEARS AND 11 MONTHS                |
| Gender .....   | Female                               |
| Mobile Number .....  | (Phone) +65-83839283                 |
| Alt. Phone Number .....  | -                                    |
| Email Address .....  | fionaxbqbq@gmail.com                 |
| Address .....  | BLK 639 ANG MO KIO AVENUE 6 #06-5049 |
| Address complement .....   | -                                    |
| Postcode .....   | 560639                               |
| 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 - 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 5   |
| 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 .....   | GIDEON HI QI FENG |
| Gender ..... | Male              |

#### PASSENGER 2

|              |                    |
|--------------|--------------------|
| Name .....   | GLADYS HO CAI JING |
| Gender ..... | Female             |

#### PASSENGER 3

|              |               |
|--------------|---------------|
| Name .....   | MAK CHEE SANG |
| Gender ..... | Male          |

#### PASSENGER 4

|              |               |
|--------------|---------------|
| Name .....   | JUKISIN SIDUN |
| 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

PLEASE REFER TO SKETCH PLAN

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 ..... SLN3006Z  
 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 ..... MAK CHOOI MAN  
 Gender ..... Female  
 Phone No ..... (Phone) +65-83839283  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SNC9360U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... GIDEON HI QI FENG  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SNC9360U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... GLADYS HO CAI JING  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SNC9360U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 4

|   |               |
|---|---------------|
| Name of injured person .....                              | MAK CHEE SANG |
| Gender .....  | Male          |
| Phone No .....  | -             |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | SLIGHT INJURY |
| Injured person in which vehicle? .....                    | SNC9360U      |
| Were seat belts worn? .....                               | Yes           |
| Was this injured conveyed to hospital by ambulance? ..... | No            |

## INJURED 5

|   |               |
|---|---------------|
| Name of injured person .....                              | JUKISIN SIDUN |
| Gender .....  | Female        |
| Phone No .....  | -             |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | SLIGHT INJURY |
| Injured person in which vehicle? .....                    | SNC9360U      |
| 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:

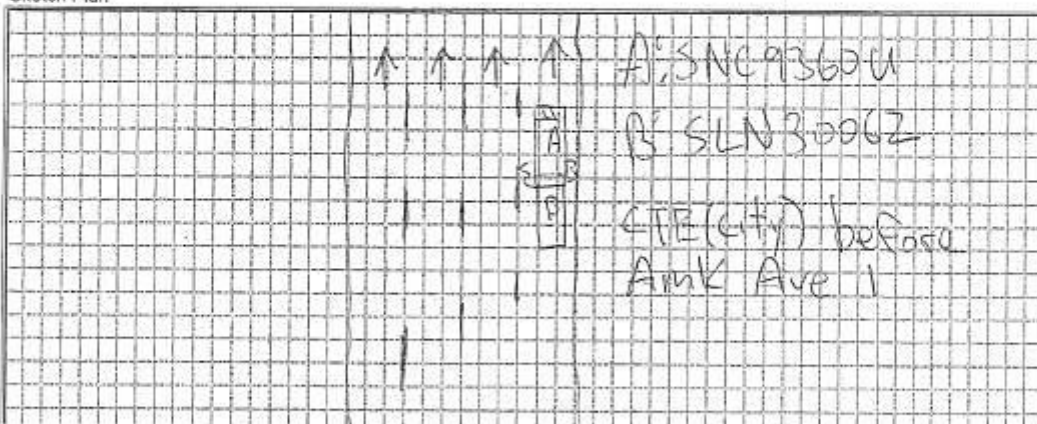
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 01/11/2022  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**




Describe Circumstance of the Accident

I was travelling straight along CTE (City)  
before AMK Ave I, out of sudden, I felt  
an impact from my vehicle rear portion, when  
I got down I realise vehicle (b) collided onto  
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

 01/11/2022  
Witnessed by Reporting Constable Personnel













