

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 22/11/2022 17:05 (SGT)
Reported by Driver
Date of Accident 20/11/2022 18:45 (SGT)
Exact Location of Accident Upper Thomson Rd, Singapore
Additional Location Information Upper Thomson Road Junction Marymount Lane
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV2688H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ang Kim Hue
NRIC No S1135752J
Email Address kinglongfang@yahoo.com.sg
Mobile Phone No (Phone) +65-97321690
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Altis
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 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00063382200

DRIVER

Name of Driver Ang Wee Jin
NRIC No S7922947D
Date Of Birth 13/08/1979
Occupation Indoor

Date Of Driving Pass	10/09/1999
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97321690
Alt. Phone Number	-
Email Address	kinglongfang@yahoo.com.sg
Address	Blk 301 Shunfu Road #02-27
Address complement	-
Postcode	570301
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	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

refer 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	SH9601P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Lim Tow Meng
NRIC No	S1534061D

Contact Number	(Phone) +65-96368208
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**

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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

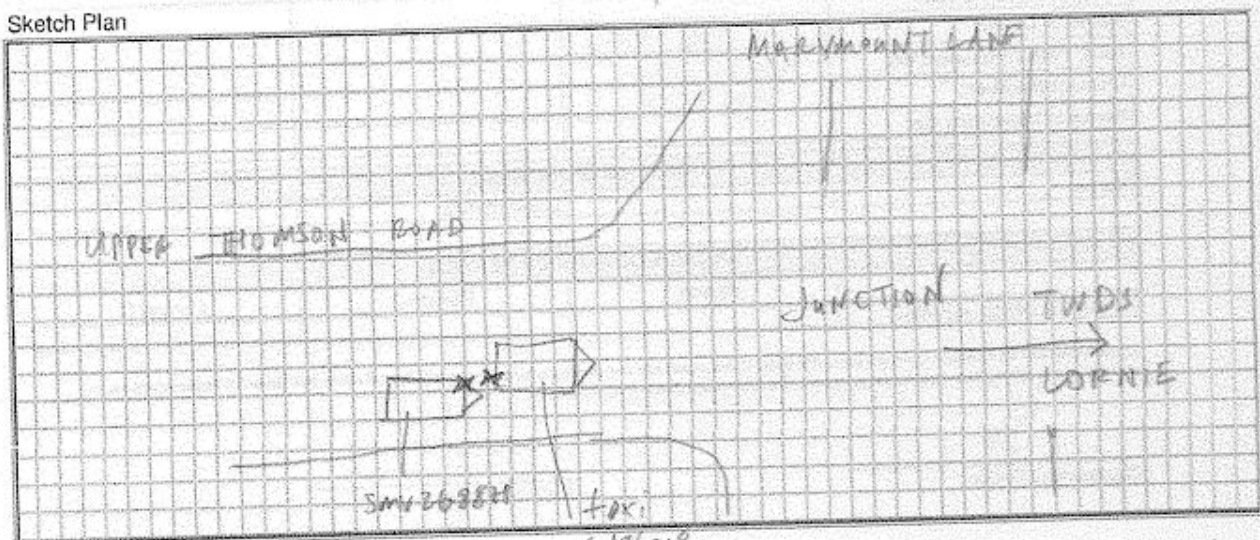
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 20/11/2022 @ 1845 HRS, ALONG UPPER THOMSON ROAD
JUNCTION MARYMOUNT LANE, I WAS DRIVING SMV 2688 H
WHEN THE TAXI SH 9601P IN FRONT OF ME STOPPED
ABRUPTLY WHEN THE TRAFFIC LIGHTS TURNED AMBER. AS
I WAS TURNING LANE AT THAT TIME, I COULD NOT STOP
IN TIME AND AS A RESULT, MY CAR SUSTAINED SOME
SLIGHT DENTS AND SCRATCHES ON THE LEFT FRONT
BUMPER, AND THE TAXI SUSTAINED SOME SLIGHT DENTS
AND SCRATCHES ON THE RIGHT BACK FENDER. NO
INJURIES WERE HIGHLIGHTED OR OBSERVED TAXI DRIVER
INFORMED OF PRIVATE SETTLEMENT AND DROVE OFF HURRIEDLY
I WAS WAITING FOR THE CALL FOR PRIVATE SETTLEMENT
BUT TO NO AVAIL. SUBSEQUENTLY, I CALLED IN AT
21/11/2022 @ 1500 HRS TO INFORM OF SAID ACCIDENT. I WISH
TO ADD THAT MY DIRECTION WAS TOWARDS LURNIE ROAD
WHEN THE ACCIDENT HAPPENED

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)















