Your NCD will be affected due to late reporting

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 witholding 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	02/12/2022 11:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/11/2022 16:00 (SGT)
Exact Location of Accident	8 Luxus Hill View, Singapore 804498
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB8004K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA GEOK CHENG
NRIC No	SXXXX504I
Email Address	wm1129@hotmail.com
Mobile Phone No	(Phone) +65-90508000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520d
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	1995

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00019572201

DRIVER

Name of Driver	CHIA GEOK CHENG
NRIC No	SXXXX504I
Date Of Birth	01/10/1954
Occupation	Indoor

Date Of Driving Pass	22/08/1984
Driving experience	38 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90508000
Alt. Phone Number	-
Email Address	wm1129@hotmail.com
Address	8 LUXUS HILL VIEW
Address complement	-
Postcode	804493
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 SKETCH PLAN

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	GBK8879Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.

02/12/2022

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

1

Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS STATIONARY MY VEHICLE (A) SNB 8004 K,
AT 8 LUXUS HILL VIEW S'804493 (OUTSIDE MY HOUSE'S CARPARK). MY FAMILY AND I
WAS OVERSEAS. WHEN I CAME BACK HOME, THE NEIGHBOR ACROSS FROM MY HOUSE HAVE
TOLD ME MY VEHICLE (A) SNB 8004 K WAS HIT BY VEHICLE (B) GBK 8879 Y. AFTER
VEHICLE (B) HITED MY VEHICLE, HE HAVE ALIGHTED & TOLD MY NEIGHBOR.
HOWEVER, I CHECKED CCTV OF MY HOUSE, AND KNOW THE PROCESS OF THE ACCIDENT.
VEHICLE (B) GBK 8879 Y PROCEED STRAIGHT AND ACCIDENTALLY HIT ONTO THE
RIGHT SIDE OF MY VEHICLE. AFTER ACCIDENT, HE HAVE ALIGHTED CHECKED BOTH OF US
VEHICLE DAMAGED AND INFORM MY NEIGHBOR TO ADMIT HE WAS HITED MY VEHICLE.
WE EXCHANGE PARTICULAR AND I LODGED THIS REPORT FOR INSURANCE CLAIMS
PURPOSE.

VEH (A) SNB 8004 K
VEH (B) GBK 8879 Y

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)
		02/12/2022

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


SNB 8004K


Made in
Germany
520d
A83
0.10
BAYERISCHE MOTOREN WERKE AG
WBAJC32030G580861
2245 kg
4335 kg
1- 1055 kg
2- 1280 kg
7 263 981

IMAGES #6

IMAGES #7

IMAGES #8


P
R
N
D
M/S
MEDIA
MENU
MAP
COM
NAV
BACK
OPTION
OFF
SPORT
COMFORT
ECO PRO

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN0822C20004-01 Vehicle Registration No: SNB8004K

Name (as shown in NRIC): CHIA GEOK CHENG NRIC/FIN/Passport No: S0199504I

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 8 LUXUS HILL VIEW Singapore (804498)

Contact (Tel): 90508000 Mobile No.: 90508000

Email Address: MW1129@HOTMAIL.COM

Date of Accident: 25/11/2022 Time of Accident: 1600 HRS

Place of Accident: 8 LUXUS HILL VIEW, S(804498)

Insurance Company: CHINA TAIPING

(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:

PLEASE HELP TO AMEND THE E-MAIL TO MW1129@HOTMAIL.COM.

×

Policyholder / Driver's Signature
Date:

01/01/2023

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form