

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 12:17 (SGT)
Reported by Both
Date of Accident 28/10/2022 08:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION BETWEEN KOVAN ROAD & FLOWER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6433Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN SIEW GIM
NRIC No S1161443D
Email Address siewgim.tan@gmail.com
Mobile Phone No (Phone) +65-92973052
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Coaster
Variant 19 SEATER
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00000402200

DRIVER

Name of Driver TAN SIEW GIM
NRIC No S1161443D
Date Of Birth 29/10/1955
Occupation Outdoor

Date Of Driving Pass	05/08/1977
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92973052
Alt. Phone Number	-
Email Address	siewgim.tan@gmail.com
Address	BLK 332 HOUGANG AVENUE 5 #09-216
Address complement	-
Postcode	530332
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	CB8292A
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
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)	4
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	STUDENT
Gender	Male

PASSENGER 2

Name	STUDENT
Gender	Female

PASSENGER 3

Name	WORKER
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

I was driving straight along Kovan Road. Vehicle B driving along Kovan road from opposite direction turning right into flower road. As result, i hit vehicle B's front LH portion. After which, i came out from my vehicle, i found that vehicle B had turned into flower road was against traffic.

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 SMP4113T
Vehicle Manufacturer Seat
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver LAU YUNKANG (LIU YUNKANG)
NRIC No S8124735H
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name CHILD
Gender Male

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.

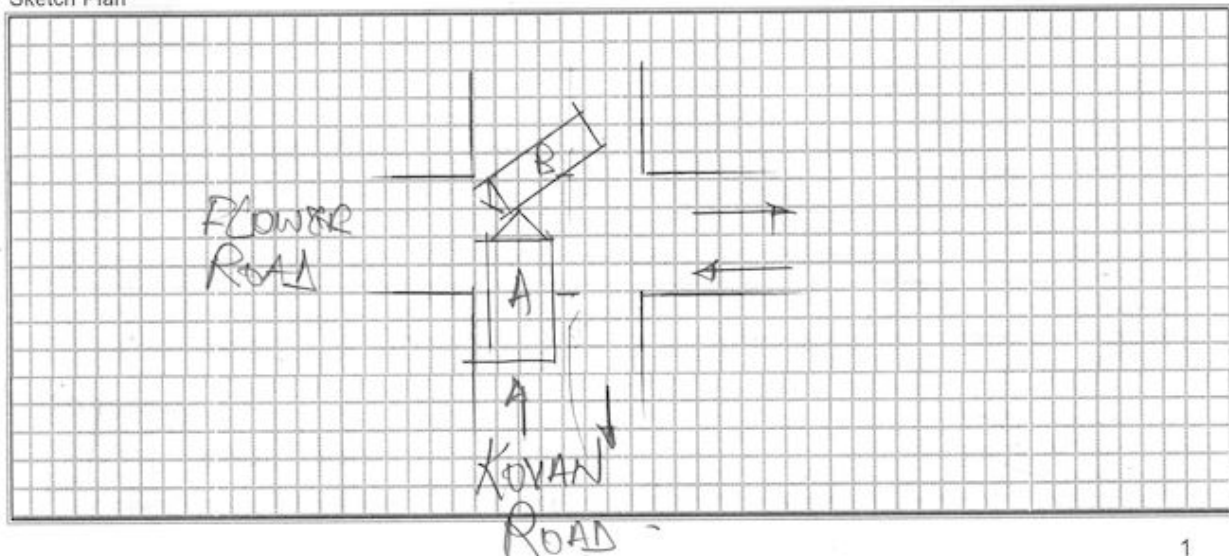


[Signature]
Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I WAS DRIVING STRAIGHT ALONG KOVAN ROAD.
 VEHICLE B DRIVING ALONG KOVAN ROAD FROM OPPOSITE
 DIRECTION TURNING RIGHT INTO FLOWER ROAD.
 AS A RESULT, I HIT VEHICLE B'S FRONT LH PORTION.
 AFTER WHICH I CAME OUT FROM MY VEHICLE, I
 FOUND THAT VEHICLE B HAD TURNED INTO THE
 FLOWER ROAD & WAS AGAINST TRAFFIC.

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)





















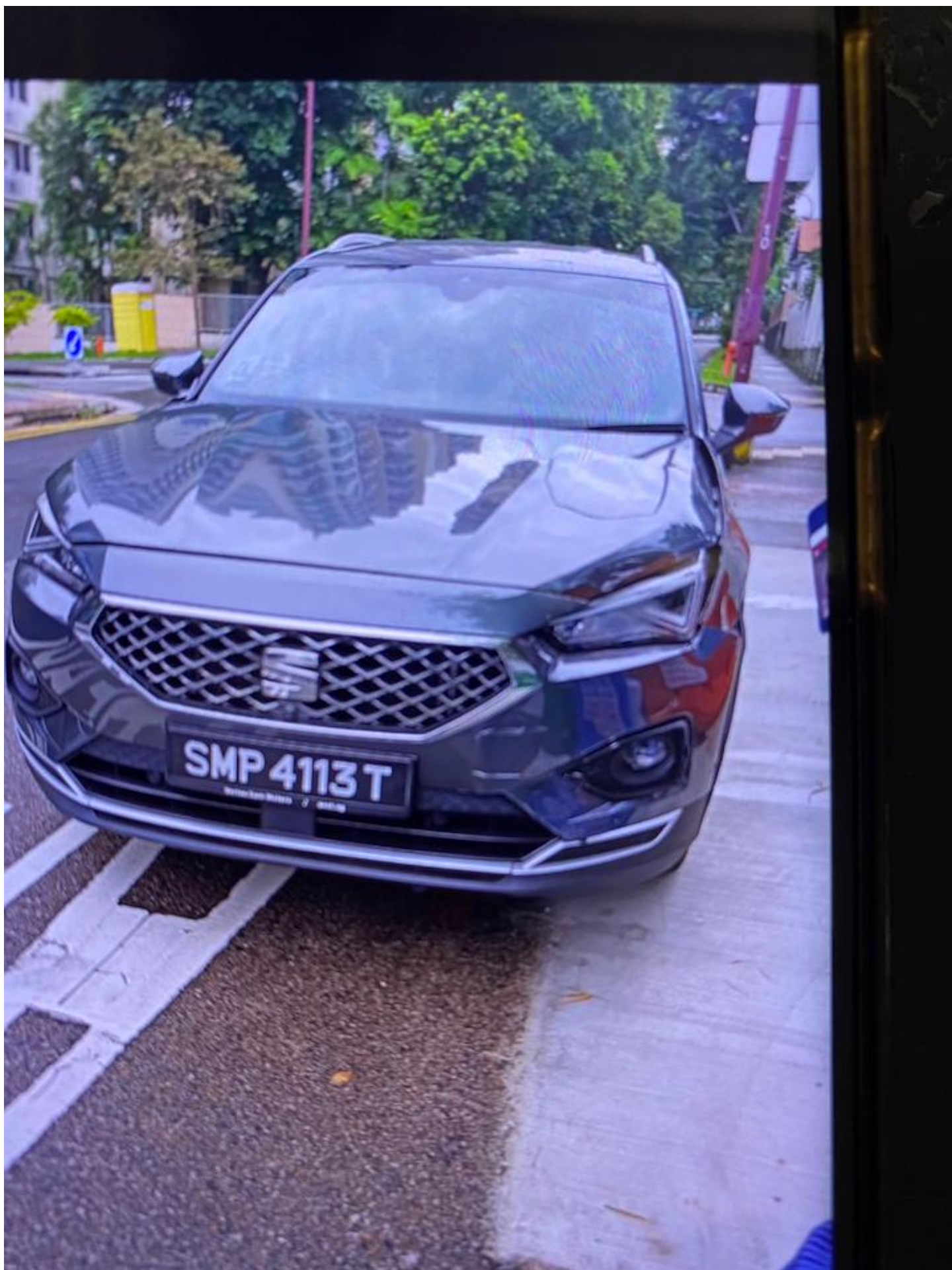


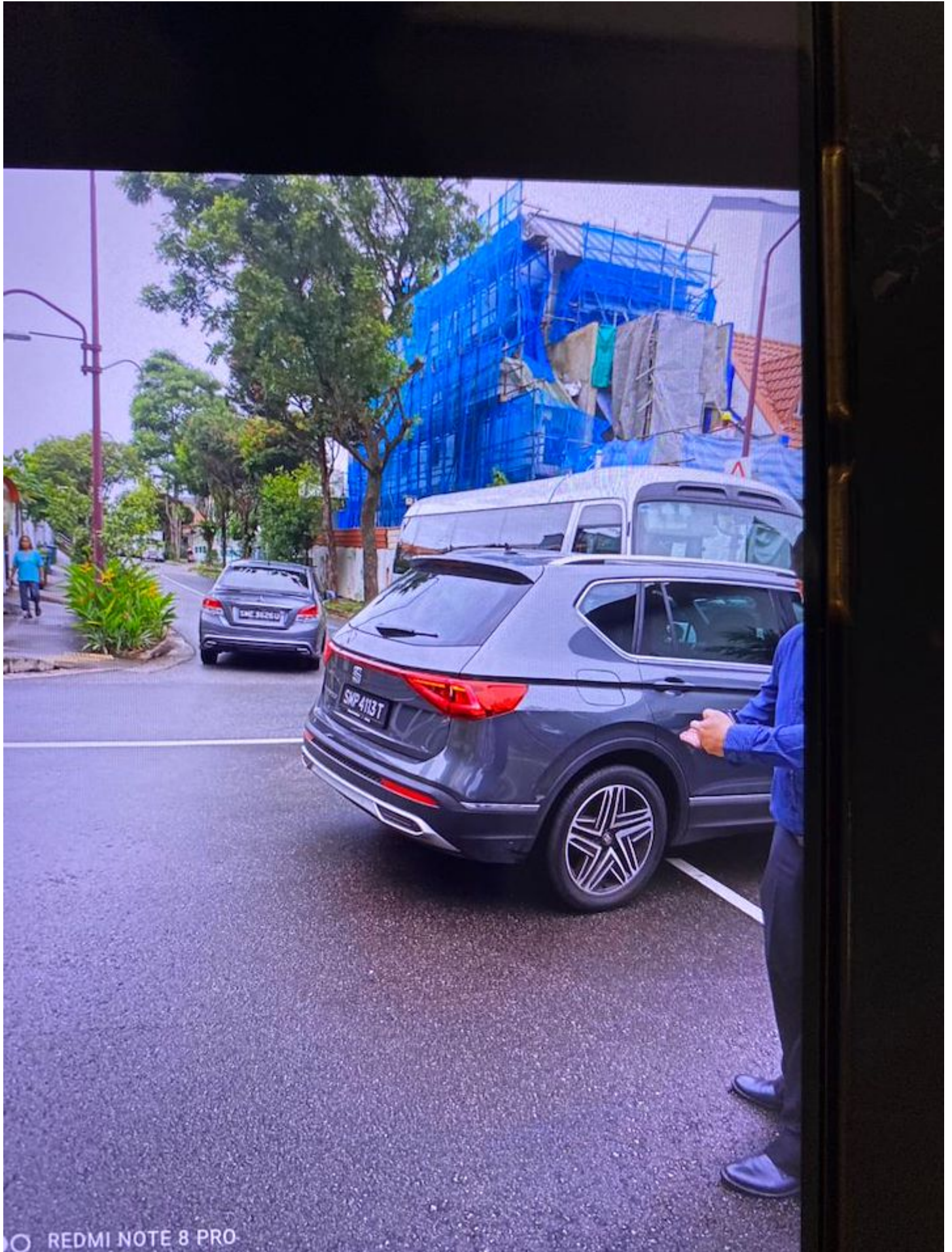


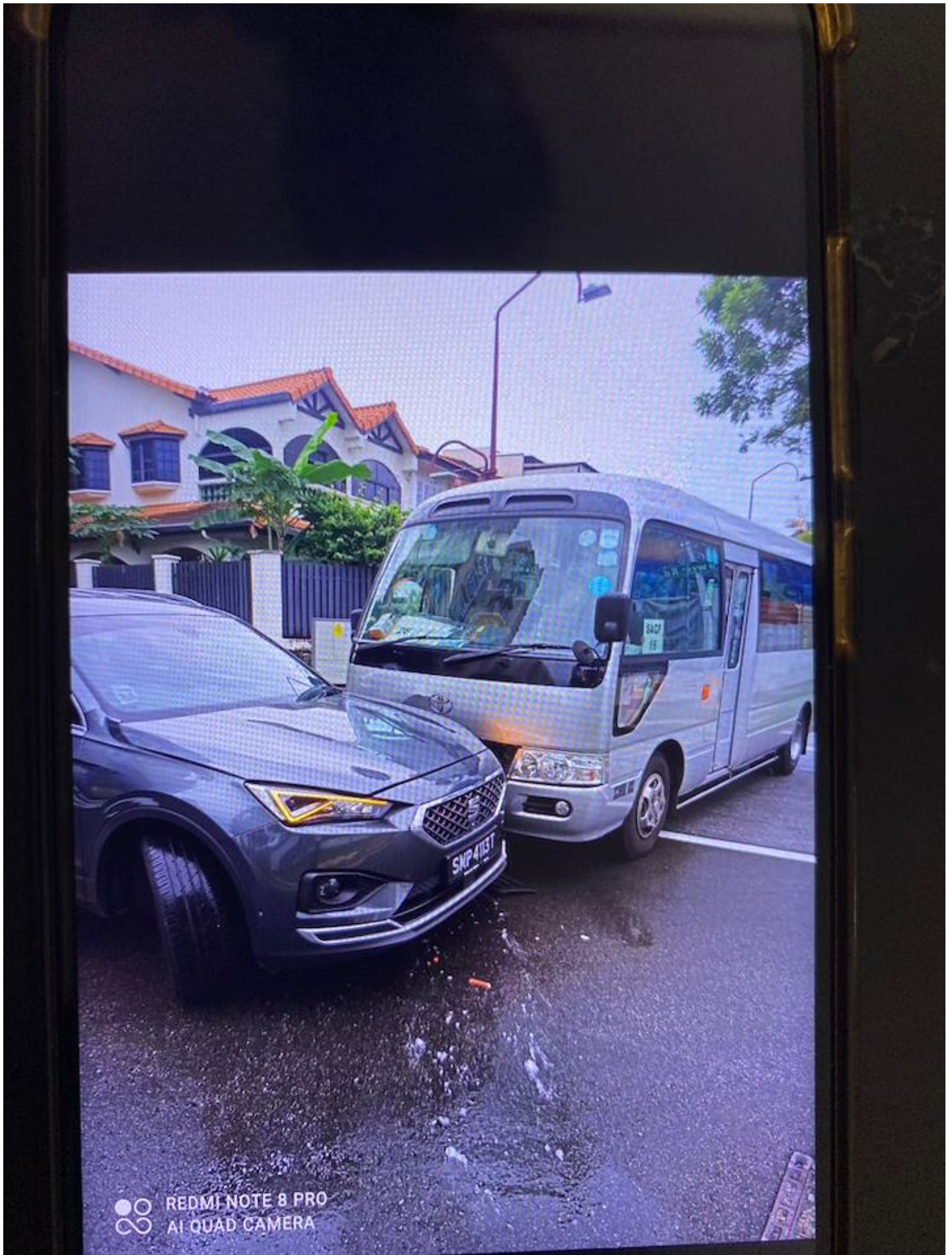
















REDMI NOTE 8 PRO
AI QUAD CAMERA