

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 13/01/2023 10:25 (SGT)
Reported by Both
Date of Accident 24/12/2022 12:10 (SGT)
Exact Location of Accident Jurong Gateway Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ6652C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CWM SERVICES
Company Reg No 52993298M
Email Address nancylee62@gmail.com
Mobile Phone No (Phone) +65-96383163
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant 150 MANUAL
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00139132102

DRIVER

Name of Driver CHAN WAI MENG
NRIC No S1156009A
Date Of Birth 15/11/1956
Occupation Outdoor

Date Of Driving Pass	24/02/2014
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96383163
Alt. Phone Number	-
Email Address	nancylee62@gmail.com
Address	BLK 527 CHOA CHU KANG STREET 51 #03-273
Address complement	-
Postcode	680527
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Change/cross lane
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

When SHC2467M drove pass my vehicle and suddenly jam brake, i could not stop in time and accidentally hit the left hand rear portion of SHC2467M. After the accident, i wanted to do private settlement with SHC2467M, i called him many times, he did not answer nor return my call.

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	SHC2467M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	1

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

[Signature]

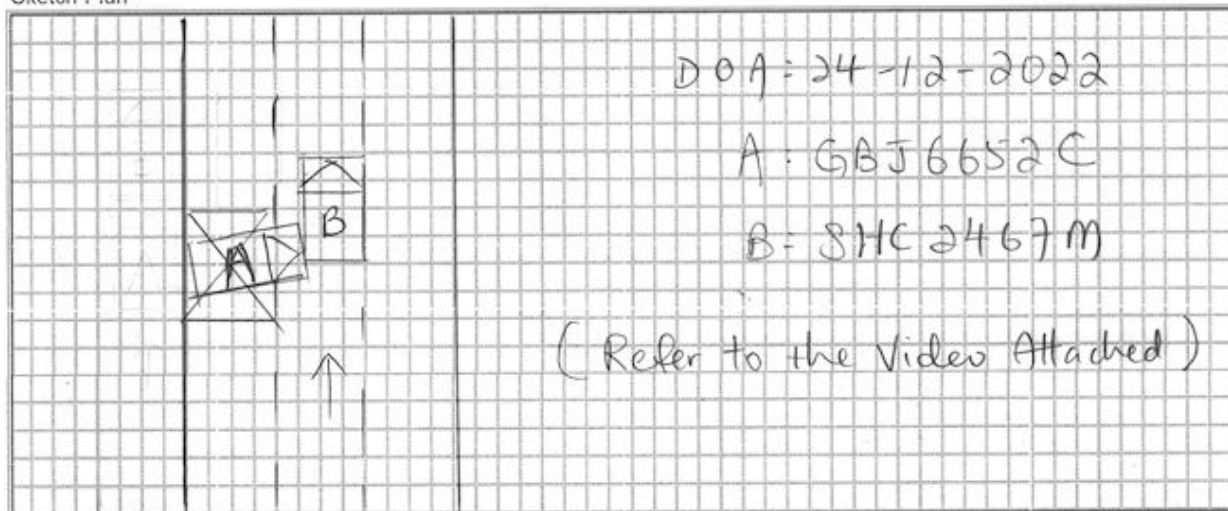
Driver's Signature (if driver is not the policyholder) / Date & Time

Sau Wah

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



Sketch Plan



Jurong Gateway Road

Describe Circumstance of the Accident

When SHC 2467 M. drove pass my vehicle and suddenly jam brake, I could not stop in time and accidentally hit the ^{Left hand} rear portion of SHC 2467 M.

After the accident, I wanted to do private settlement with SHC 2467 M, I called him many times, he did not answer nor return my call.

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)

















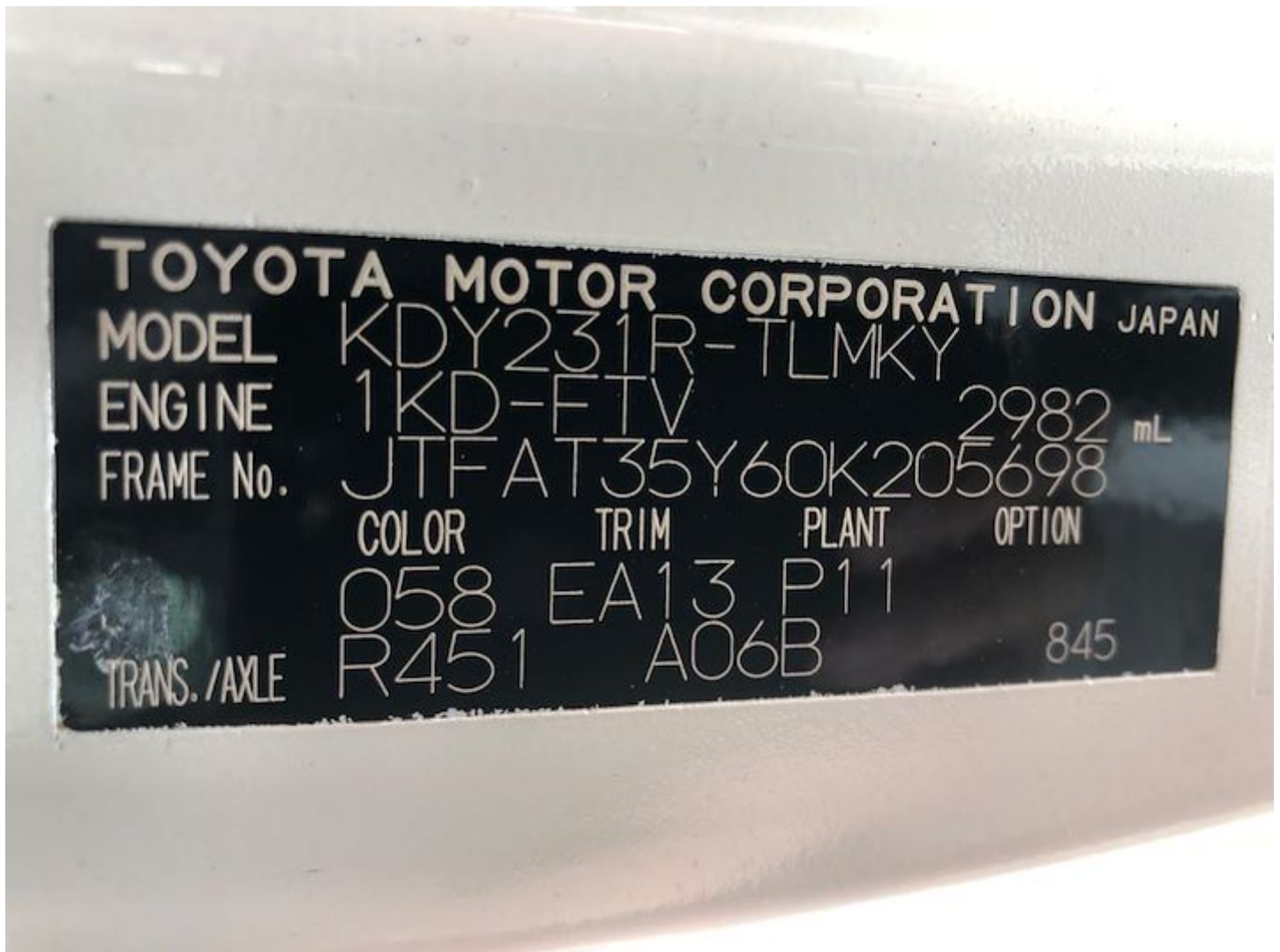














中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Tel: 6389 6111 Fax: 6222 1033

Website: www.sg.cntaiping.com

Co. Reg. No. 200208384E

Our Ref : SNM23D200148/GBJ6652C/C02

Date : 06 Jan 2023

Via Ordinary Mail

CWM SERVICES
527 CHOA CHU KANG STREET 51
#03-273
SINGAPORE 680527

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NOS. GBJ6652C AND SHC2467M ON 24 Dec 2022 12:10 ALONG
Jurong Gateway Road
Policy : DMCVSNW00139132102

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0597A SG MOTOR TRADER PTE LTD