

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 13:37 (SGT)
Reported by Both
Date of Accident 12/01/2023 08:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information OPEN CARPARK OF BEDOK NORTH STREET 4, (NEAR BLOCK 91)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8055T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH KOK CHUAN
NRIC No SXXXXX323B
Email Address weimingoh@gmail.com
Mobile Phone No (Phone) +65-91911588
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00004522204

DRIVER

Name of Driver GOH KOK CHUAN
NRIC No SXXXXX323B
Date Of Birth 12/10/1966

Occupation	Outdoor
Date Of Driving Pass	13/12/1986
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91911588
Alt. Phone Number	-
Email Address	weimingoh@gmail.com
Address	BLK 612 ANG MO KIO AVENUE 4
Address complement	# 02-1113
Postcode	560612
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	Side Swipe
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)	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	JASPER
Gender	Male

PASSENGER 2

Name	ANNA
Gender	Female

PASSENGER 3

Name	AH BOY
Gender	Male

PASSENGER 4

Name	TAN LEE LEE
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 THE ATTACHED STATEMENT

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 SJL2274G
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) -

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

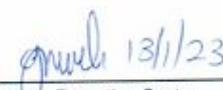
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

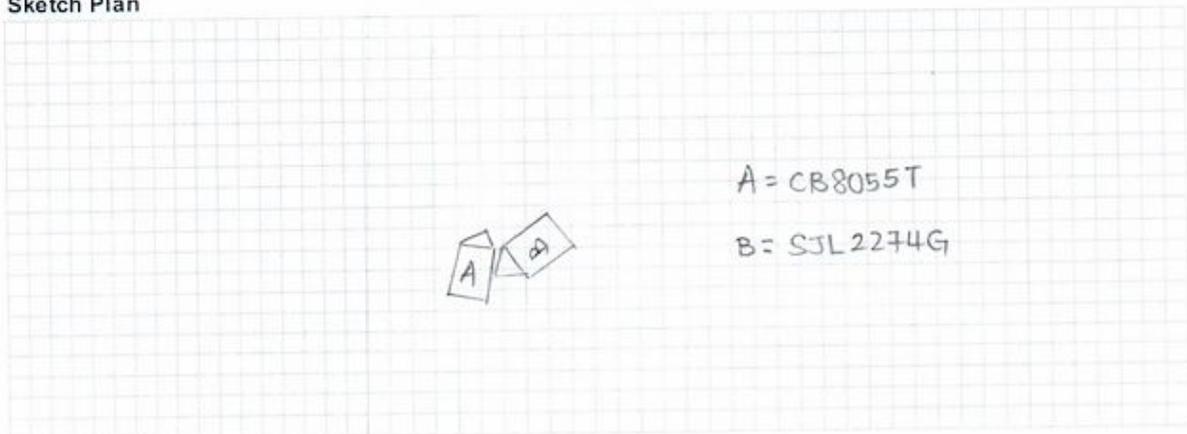
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/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

 13/1/23
 Witnessed by Reporting Centre Personnel

Sketch Plan



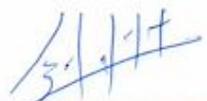
Describe Circumstances of the Accident

A large rectangular area with horizontal lines for writing. A diagonal blue line runs from the bottom-left corner to the top-right corner. The text "Refer to Attached" is written in blue ink in the center of the page, with two blue lines pointing from the text towards the corners of the form.

Refer to Attached

Declaration

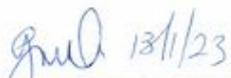
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 18/1/23

Witnessed by Reporting Centre Personnel

On 12.01.2023 at about 08:15 hours at Open Carpark OF Bedok North Street 4, (near Block 91), while I was turning at the corner of the above mentioned location, suddenly I saw vehicle (B) dashed out from opposite direction and coming in a fast speed. I tried to avoid the oncoming vehicle (B) and swerved to the upmost right but I could not swerve in time hence the vehicle (B) collided onto the right hand side portion of my vehicle (A). The damages of vehicle (B) is only minor scratches on the front right hand side bumper.

I wish to state that I have 4 passengers in my vehicle (A).

Vehicle (A): CB 8055T

Vehicle(B): SJL 2274G























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: SN09231D0005 Vehicle Registration No: CB8055T
 Name (as shown in NRIC): Golt Kok Chuan NRIC/FIN/Passport No: S1744323B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 612 AMK AVE 4# 02-1113 Singapore (960612)
 Contact (Tel): _____ Mobile No.: 9191 1588
 Email Address: weimingoh@gmail.com
 Date of Accident: 12/01/2023 Time of Accident: 08:15
 Place of Accident: Open Carpark of Bedok North Street 4, (Near Block 91)
 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:

Amend email address - weimingoh@gmail.com

 Policyholder / Actual Driver's Signature
 Date:

John 19/1/23
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: