

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	10/02/2023 16:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/02/2023 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY BEFORE BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2663E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YUVARAJA S/O RAMAKRISHNAN
NRIC No	SXXXX581H
Email Address	yuvaboy21@gmail.com
Mobile Phone No	(Phone) +65-81612421
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00196372200

DRIVER

Name of Driver	YUVARAJA S/O RAMAKRISHNAN
NRIC No	SXXXX581H
Date Of Birth	11/09/1986
Occupation	Indoor

Date Of Driving Pass	25/08/2005
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81612421
Alt. Phone Number	-
Email Address	yuvaboy21@gmail.com
Address	APT BLK 459 CLEMENTI AVENUE 3
Address complement	# 08-590
Postcode	120459
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	Raining
Road Surface	Wet

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)	2
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	UNKNOWN
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	SLM6161T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN JUN YU
Contact Number	(Phone) +65-91504943
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	UNKNOWN
Gender	Female

SKETCH PLAN

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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.

Yung
Policyholder's Signature / Date & Time

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

gmuur 10/2/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan **CTE Towards City Before Bukit Timah Road**

Vehicle A SLX 2063 E
Vehicle B SLM 6161 T
CTE Towards City
Before Bukit Timah Rd

Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SLX 2663 E) along CTE towards city on the extreme left lane of a 4 lane expressway. Somewhere before Bukit Timah Rd, I was filtering from Lane 4 into Lane 3. while filtering, vehicle B (SLM 6161 T) collided into my vehicle rear portion. I alighted and vehicle B driver said he was filtering together with my vehicle behind me. Both my vehicle and vehicle B filtered from lane 4 is due to traffic ahead.

Jun Yu Driver of vehicle SLM 6161 T agree it is his fault and Pay for the damages occurred for the incident above.

Declaration

I/We declare the foregoing particulars are true in every respect.

Jun Yu

Policyholder's Signature / Date & Time

Jun Yu

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

Jun Yu 10/2/2023

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



























