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	14/02/2023 15:06 (SGT)
Reported by	Driver
Date of Accident	20/12/2022 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVENUE 8 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8804R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN RUIXIANG,ADMUND@SEK SENG LONG
NRIC No	SXXXX017B
Email Address	andyandees1989@gmail.com
Mobile Phone No	(Phone) +65-89491807
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00280592200

DRIVER

Name of Driver	ANDY GOH FONG YANG
NRIC No	SXXXX480G
Date Of Birth	21/09/1989
Occupation	Outdoor

Date Of Driving Pass	30/12/2013
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-87269336
Alt. Phone Number	-
Email Address	andyandees1989@gmail.com
Address	BLK 395 BUKIT BATOK WEST AVENUE 5
Address complement	# 01-444
Postcode	650395
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 - Head to Rear
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

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	SMQ3356K
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
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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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

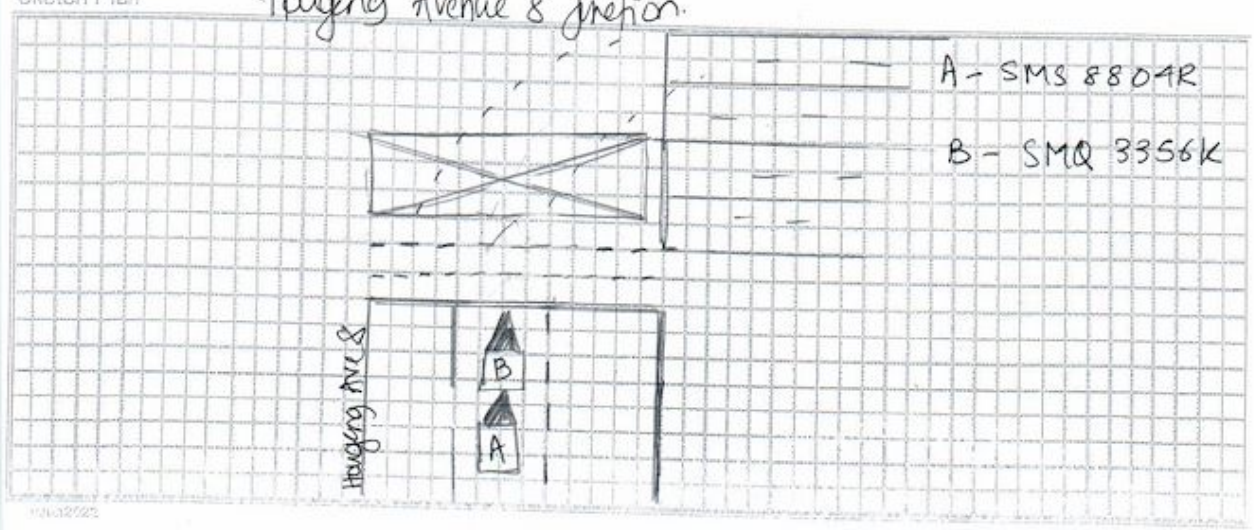
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

14/2/23
Policyholder's Signature / Date & Time

14/2/23.
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

14/02/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan — Hougang Avenue 8 junction.



Describe Circumstance of the Accident

I was travelling along Hougang Ave 8, stopped behind SMQ3350K at the Red light. When traffic turns green, I move after vehicle B move off, vehicle B suddenly jammed break. I tried to jam break but didn't manage to stop in time. No injuries.

Declaration

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

14/2/23
Policyholder's Signature / Date & Time

14/2/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

14/02/2023
Witnessed by Insurance Centre Personnel (Name as in NRIC/FD card)

v.Jun2022

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


120
140
160
180
25km/l
0
50
11:09
RANGE 39 km
TRIP A 4437.1 km
30°C
E
F

IMAGES #7

IMAGES #8

GENERAL INSURANCE ASSOCIATION
RECORD 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: SN09232E000A Vehicle Registration No: SMS 8804R

Name (as shown in NRIC): Andy Goh Fong Yang NRIC/FIN/Passport No: S8932480G

(*Vehicle Driver/~~Policyholder~~) (*) Please delete as appropriate

Address: BIK 395 Bukit Batok west Avenue 5 # 01-444 Singapore (650395)

Contact (Tel): _____ Mobile No.: 8726 9336

Email Address: andyandees1989@gmail.com

Date of Accident: 20/12/2022 Time of Accident: 09:40

Place of Accident: Hougang Avenue 8 Junction

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 policy Number - DMPCSNW00280592200

Policyholder / Actual Driver's Signature
Date:

15/02/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: