

# 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 .....	21/02/2023 17:52 (SGT)
Reported by .....	Driver
Date of Accident .....	18/02/2023 13:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JOO CHIAT ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJM2095B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TONG SENG HUAT ENGINEERING PTE LTD
Company Reg No .....	1XXXXX863C
Email Address .....	jjgoh@loyola.edu
Mobile Phone No .....	(Phone) +65-81211024
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Rush
Variant .....	-
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 .....	Auto
CC .....	1495

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00272822201

### DRIVER

Name of Driver .....	GOH JIE NING,JESSELN
NRIC No .....	SXXXX400D
Date Of Birth .....	31/08/1986
Occupation .....	Indoor

Date Of Driving Pass .....	26/01/2017
Driving experience .....	6 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-81211024
Alt. Phone Number .....	-
Email Address .....	jjgoh@loyola.edu
Address .....	68 SPRINGLEAF AVENUE
Address complement .....	-
Postcode .....	788474
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collided into Parked Vehicle
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 .....	SLC546J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-90220595

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

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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.

**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/are 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.

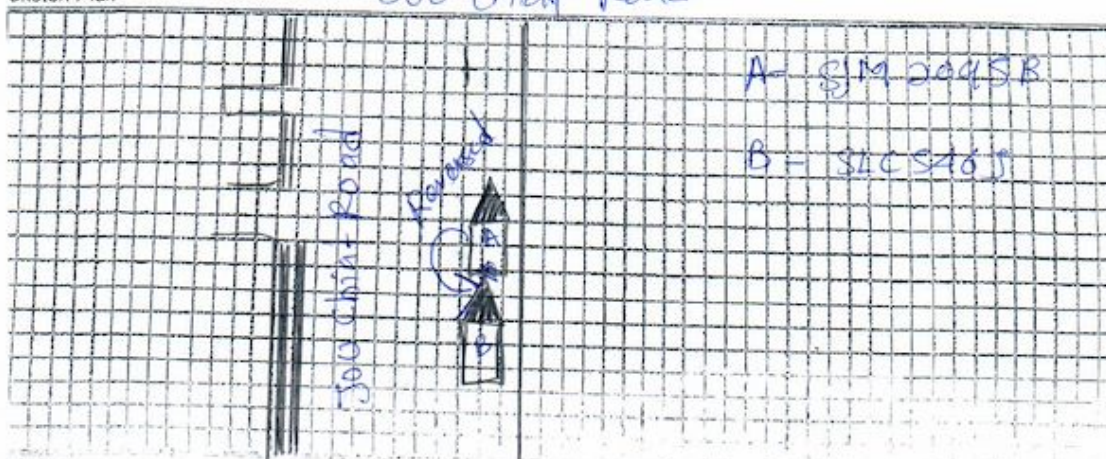


Policyholder's Signature / Date & Time

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

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

Sketch Plan





**Describe Circumstance of the Accident**

On 18/02/2023, My vehicle was parked along Joo chiat Road and While reversing out of my lot, I accidentally reversed into vehicle B and hit his front bumper causing some scratches.

I left a note with my number asking the owner to call me back. Upon explanation, he agreed for a private settlement of \$130.00 over whatsapp, and is currently signing the private settlement document electronically.

**Declaration**

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



Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre (Form IPED (Form 157)(2013) (Rev. 2))

*[Signature]* 21/2/23

*[Signature]* 21/2/23











































**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: SN09232L0005 Vehicle Registration No: SJM 2095 B  
 Name (as shown in NRIC): Goh Jie Ning, Jesseln NRIC/FIN/Passport No: S8624400D  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 68 Springleaf Avenue, # (788474) Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8121 1024  
 Email Address: jjgoh@layola.edu  
 Date of Accident: 18/02/2023 Time of Accident: 13:45  
 Place of Accident: Joo Chiat Road  
 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:

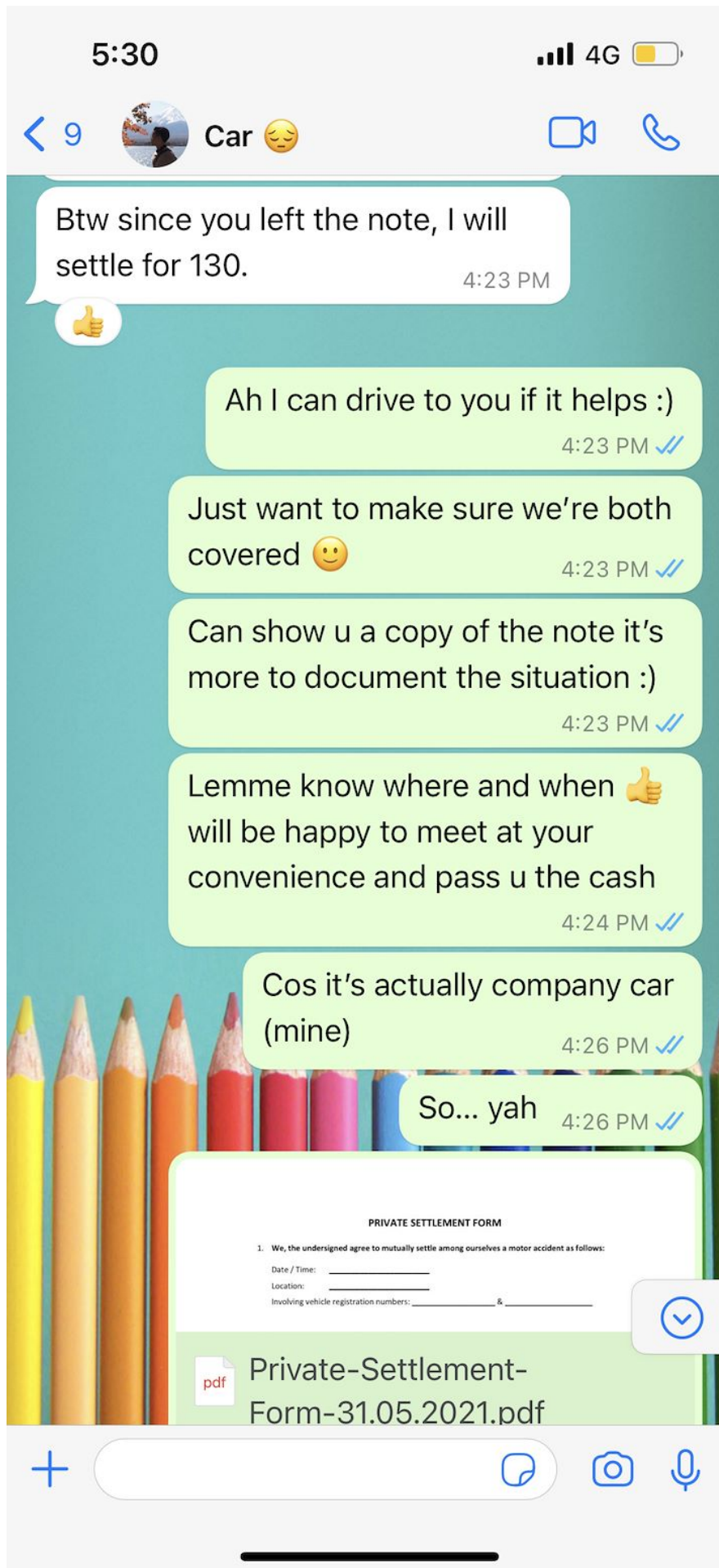
upload private settle document

Policyholder / Actual Driver's Signature  
Date:

Amuel 22/2/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:







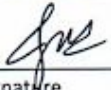

## PRIVATE SETTLEMENT FORM

## 1. We, the undersigned agree to mutually settle among ourselves a motor accident as follows:

Date / Time: 18/02/23 1:45pm  
 Location: Joo Chiat Rd  
 Involving vehicle registration numbers: SJM2095B & SLC546J

## 2. Both parties have declared as follows:

- a. There are no bodily injuries or death involved to any party;
- b. There is no any other vehicle involved in the accident;
- c. There is no government property damaged due to the accident;
- d. The parties have agreed to settle this matter amicably as follows: *\*tick as applicable*  
☐ Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident;  
  
☒ Without any admission of liability, Goh Jie Ning has paid a sum of S\$ \$130 which Abdul Fattah Bin Abdul Talib hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident;
- e. Both parties have not and will not make a police report of this accident;
- f. Both parties will not file any accident claims for this accident;

Paying Party	Owner Receiving Party
	
<u>S8624400D</u>	<u>S9112060G</u>
Signature	Signature
NRIC	NRIC
<u>Goh Jie Ning</u>	<u>Abdul Fattah Bin Abdul Talib</u>
Full Name	Full Name (Owner of vehicle)
<u>81211024</u>	<u>90220595</u>
Contact Number	Contact Number
<u>SJM2095B</u>	<u>SLC546J</u>
Vehicle Number	Vehicle Number
<u>21/02/23</u>	<u>21/02/23</u>
Date	Date