

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	02/03/2023 08:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/03/2023 08:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS WOODLANDS LAMP POST 177F LENTOR FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2959B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG CHIN LIANG
NRIC No	SXXXXX805H
Email Address	philip1676@hotmail.com
Mobile Phone No	(Phone) +65-97424441
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00251092206

DRIVER

Name of Driver	TANG CHIN LIANG
NRIC No	SXXXXX805H
Date Of Birth	09/12/1971

Occupation	Indoor
Date Of Driving Pass	02/03/1995
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-97424441
Alt. Phone Number	-
Email Address	philip1676@hotmail.com
Address	APT BLK 178C RIVERVALE CRESCENT
Address complement	# 11-425
Postcode	543178
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN3055T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TANG CHIN LIANG
Gender	Male
Phone No	(Phone) +65-97424441
Address	APT BLK 178C RIVERVALE CRESCENT
Address Complement	# 11-425
Post Code	543178
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLJ2959B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

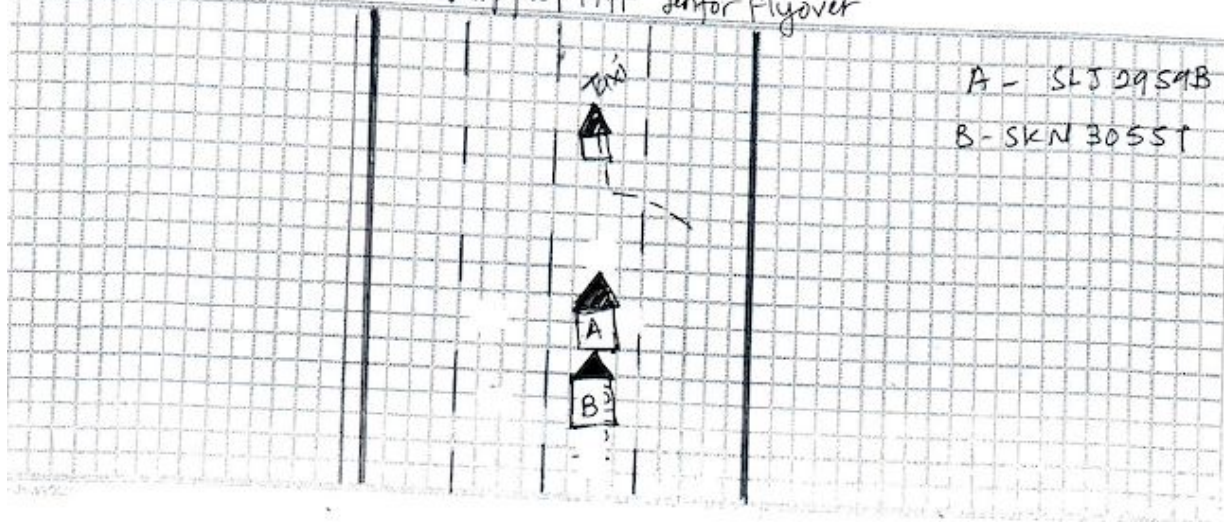
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) 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.
- (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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 01/3/23
Policyholder's Signature / Date & Time

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

[Signature] 2/3/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan SLE Towards Woodlands Lamp post 177F Junior Flyover



Describe Circumstances of the Accident:

On the above stated date and time, I was driving on Lantau Flyover and it was (SLE) heading towards woodlands. it was raining heavily. I was travelling on the second lane while heading, a taxi was travelling on my right hand side, and suddenly he switch to my lane and caused me to jam break, and that's where vehicle B hit my rear portion of the vehicle. it was a red colour taxi number plated, SHD9985H.

Declaration

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

Philip 01/3/23
 Policyholder's Signature / Date & Time

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

James 2/3/23
 Witnessed by Reporting Centre / Personal
 Name of (R/CES card)



















