

# 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 .....	13/04/2023 13:32 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	10/04/2023 15:02 (SGT)
Exact Location of Accident .....	Sims Ave, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJH133P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG SENG KEE
NRIC No .....	SXXXX918I
Email Address .....	whng25@hotmail.com
Mobile Phone No .....	(Phone) +65-96574590
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00171822200

### DRIVER

Name of Driver .....	NG WEE HONG (HUANG WEIHONG)
NRIC No .....	SXXXX714A
Date Of Birth .....	25/01/1980
Occupation .....	Outdoor

Date Of Driving Pass .....	21/03/2003
Driving experience .....	20 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90574590
Alt. Phone Number .....	-
Email Address .....	whng25@hotmail.com
Address .....	32 SEGAR ROAD #18-23
Address complement .....	-
Postcode .....	677722
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 SKETCH PLAN

#### 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 OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD5470C
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

IMPORTANT NOTICE

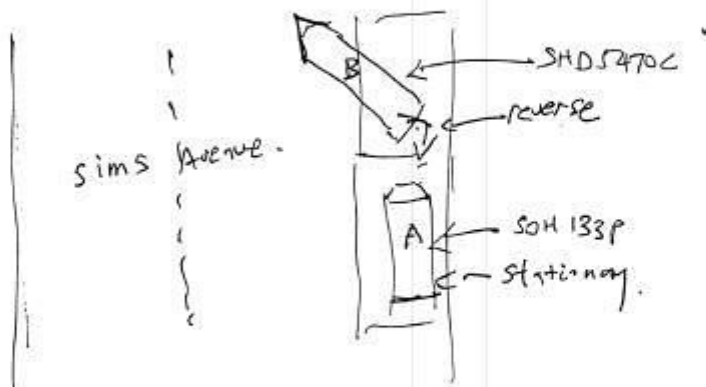
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6. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
7. Consent under the Personal Data Protection Act (PDPA):  
(understand, acknowledge, agree and consent that)  
a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 insurers who have insured my vehicle(s) involved in this accident (all insurers) or who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"). The Insurers' law yers law firm, the Ministry Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:  
i. in assessing, 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. assessing and/or dealing with my instructions or responding to any enquiries by me;  
iv. administering my claims including the making 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 claim as well as on the external cover of unauthorised persons; and/or  
v. complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes").  
b) All insurers who have insured vehicle(s) involved in this accident and the Insurers' law yers law firm, may be 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 also be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers law firm), which may be used 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)

Witnessed by (Signature, Name & Time)

Sketch Plan




Describe Circumstances of the Accident

On 10 April 2023 at 1502 hrs, my vehicle no. SSK133P was parked along Sims Ave after Geylang Loring 31 in a carpark lot. I was sitting in the car waiting for my friend to board my car. While waiting in my parked vehicle, taxi no. SHB 54702 reverse into my stationary parked vehicle and collided into the front of my car.

Declaration

(We declare the foregoing particulars are true in every respect)

  
Policyholder's Signature / Date & Title

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

 13/04/2023  
Witnessed by Reporting Centre Personnel

















