

# 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 .....	14/03/2023 12:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/03/2023 19:18 (SGT)
Exact Location of Accident .....	Malaysia
Additional Location Information .....	Jalan Singapore, Sultan Iskandar CIQ JB
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLF6014Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Yeo Kok Wei, Joel
NRIC No .....	SXXXX462D
Email Address .....	yeo.joel@ymail.com
Mobile Phone No .....	(Phone) +65-88096026
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Qashqai
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 .....	1997

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00187292201

### DRIVER

Name of Driver .....	Yeo Kok Wei, Joel
NRIC No .....	SXXXX462D
Date Of Birth .....	19/08/1986
Occupation .....	Indoor

Date Of Driving Pass .....	23/06/2008
Driving experience .....	14 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88096026
Alt. Phone Number .....	-
Email Address .....	yeo.joel@ymail.com
Address .....	Blk 452A Sengkang West Way
Address complement .....	#09-391
Postcode .....	791452
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 - Change/cross lane
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) .....	4
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 .....	Wife
Gender .....	Female

#### PASSENGER 2

Name .....	Helper
Gender .....	Female

#### PASSENGER 3

Name .....	Daughter
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

Refer to the attached statemnt.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNB7953C
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) .....	1

**IMPORTANT NOTICE**

**SKETCH PLAN**

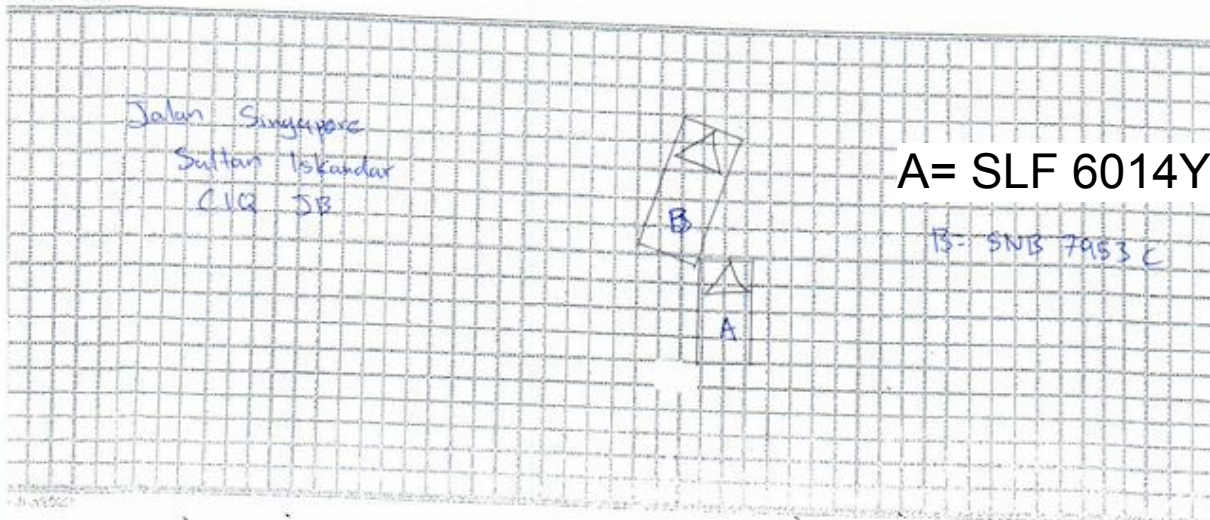
1. Please report correctly the details of the accident to speed up the claims process.
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4. The signing and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This Form 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 lodging 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 any 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 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 the 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

I (SLF6944) was going straight and TP (SNB7953C) cut into my lane. It was a tight squeeze and my front left hit into his right rear bumper (side).

There was no impact. ~~and~~ TP (SNB7953C) and myself did not realize until his friend ~~fr~~ (Vehicle C) alerted him by calling his mobile.

I was then approached by TP (SNB7953C) at Malaysia custom while queuing up.

I noticed his son was sitting back right seat and TP (SNB7953C). There was no injury. We did not exchange personal particulars except mobile number.

There is nothing captured by my dashcam. Video footage is provided by the friend of TP (SNB7953C) who was driving behind TP (SNB7953C).

I did not accept liability and he alerted that he will proceed with insurance claim.

Declaration

We declare the foregoing particulars are true in every respect.



14/03/2023, 11am

Policyholder's Signature / Date & Time

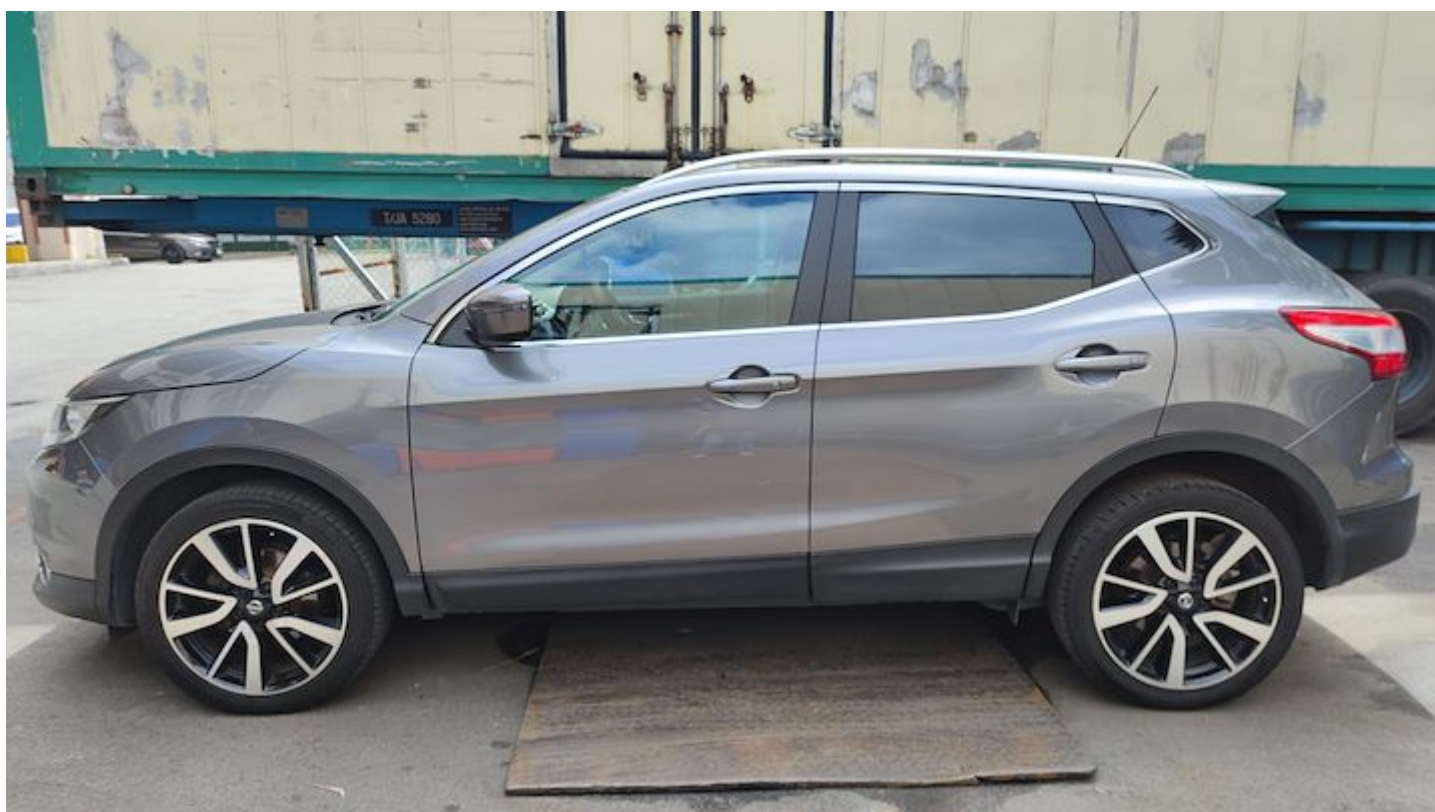
Actual Driver's Signature (If driver is not the policyholder) / Date & Time



14/03/2023

Witnessed by Reporting Centre Personnel (Name as in CRIC card)

0002





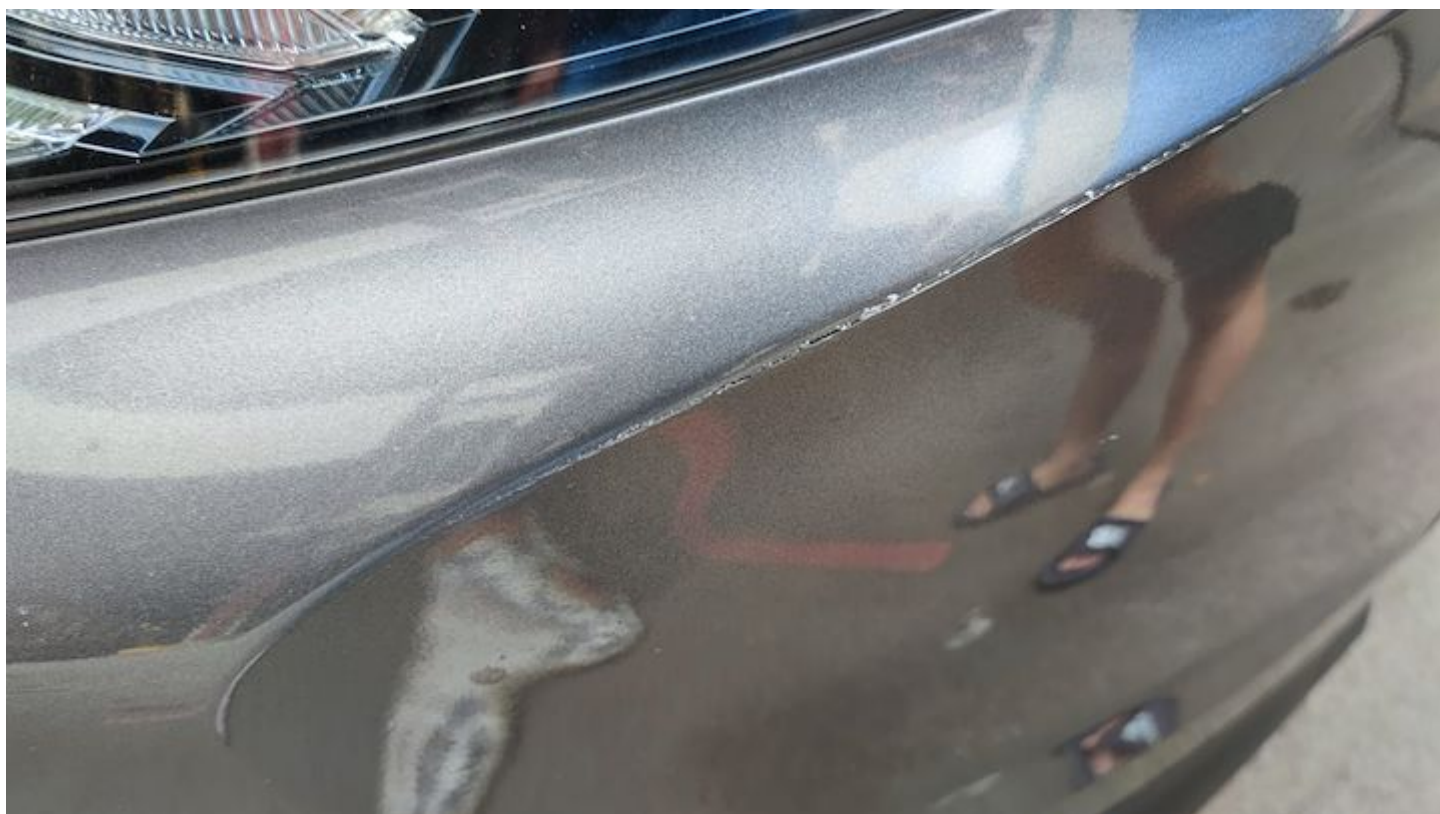






























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: SN09233E0005 Vehicle Registration No: SLF 6014 F  
 Name (as shown in NRIC): Yeo Kok Wei Joel NRIC/FIN/Passport No: 4620  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Blk 452A Sengkang West Way H09-391 Singapore (791452)  
 Contact (Tel): 8809 6026 Mobile No.: \_\_\_\_\_  
 Email Address: Yeo.joel@gmail.com  
 Date of Accident: 13/03/2023 Time of Accident: 1918  
 Place of Accident: Jalan Singapore, Sultan Iskandar C19 JB  
 Insurance Company: CTI

**(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:

Change vehicle number to SLF 6014 Y.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
 Date:

  
24/03/2023  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: