

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 18:36 (SGT)
Reported by	Actual Driver
Date of Accident	13/03/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE (Near Mandai Exit)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9737T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Teo Siew Lan
NRIC No	SXXXX565J
Email Address	yeosk@chl2000.com
Mobile Phone No	(Phone) +65-96966769
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	DMPCSNW00023172301

DRIVER

Name of Driver	Yeo See Keat
NRIC No	SXXXX645Z
Date Of Birth	04/05/1975
Occupation	Outdoor

Date Of Driving Pass	27/04/2005
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97618590
Alt. Phone Number	-
Email Address	yeosk@chl2000.com
Address	Blk 628 Hougang Avenue 8
Address complement	#08-116
Postcode	530628
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Collogue
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

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	Yes, with driver.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB4070U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Koh

Contact Number	(Phone) +65-97661419
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNA3508L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Willie Sng
Contact Number	(Phone) +65-96733872
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 use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any use 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 submission 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 and 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 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)

14/03/2023

Sketch Plan

SLE (Near Mandai Exit)

A = SMX 9734T
B = SNB 4070U
C = SNA 3508L

Description of the Accident

On 13/03/2023 at approximately 1730hrs, Vehicle A was driving along SLE near mandai exit when all of a sudden Vehicle B which was in front jam his brakes and I couldn't stop in time and hit the rear portion of Vehicle B. Upon alighting Vehicle A found that it was a 3 car chain collision. Upon exchanging particulars, Vehicle C mentioned that another Vehicle in front jam his brake and went off.

Declaration

We declare the foregoing particulars are true in every respect.

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 CRIC/IC Card)

0522

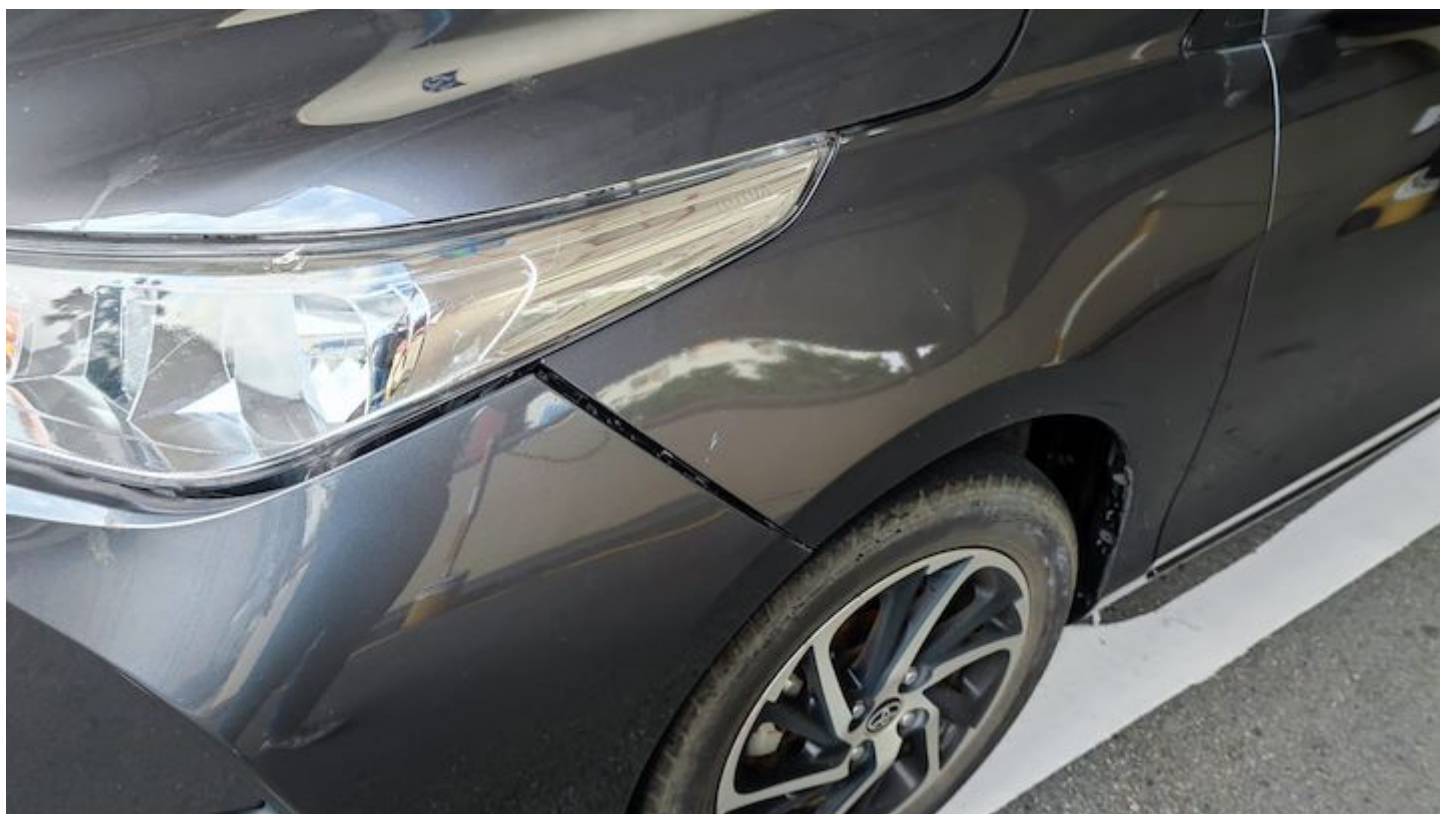






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09233E000H Vehicle Registration No: SMX 9737T
 Name (as shown in NRIC): Yeo See Keat NRIC/FIN/Passport No: S75126452
 (*=Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Blk 628 Hwangry Ave 8 # 08-116 Singapore (530628)
 Contact (Tel): _____ Mobile No.: 97618590
 Email Address: yeosk @ chl2000.com
 Date of Accident: 13/03/2023 Time of Accident: 17:30
 Place of Accident: SLE (Near Mandai Exit)
 Insurance Company: Chinen Teuping

(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 to third party claim.

24/3/2023
 Policyholder / Actual Driver's Signature
 Date:

24/3/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: