

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	10/04/2023 15:12 (SGT)
Reported by	Actual Driver
Date of Accident	09/04/2023 10:59 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 2 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5015U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH CHIAO LUAN
NRIC No	SXXXX355C
Email Address	catherinechoong@gmail.com
Mobile Phone No	(Phone) +65-88622235
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00207992202

DRIVER

Name of Driver	CATHERINE CHOONG KAI SHIN
NRIC No	SXXXX721B
Date Of Birth	14/11/1982
Occupation	Indoor

Date Of Driving Pass	08/05/2003
Driving experience	19 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91192359
Alt. Phone Number	-
Email Address	catherinechoong@gmail.com
Address	42 DIDO STREET
Address complement	-
Postcode	459483
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SISTER-IN LAW
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)	3
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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	SMR2132R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BERNARD TAN
Contact Number	(Phone) +65-92228206
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP7774C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STEVEN CHEW YUN WEI
Contact Number	(Phone) +65-98419846
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

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, 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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

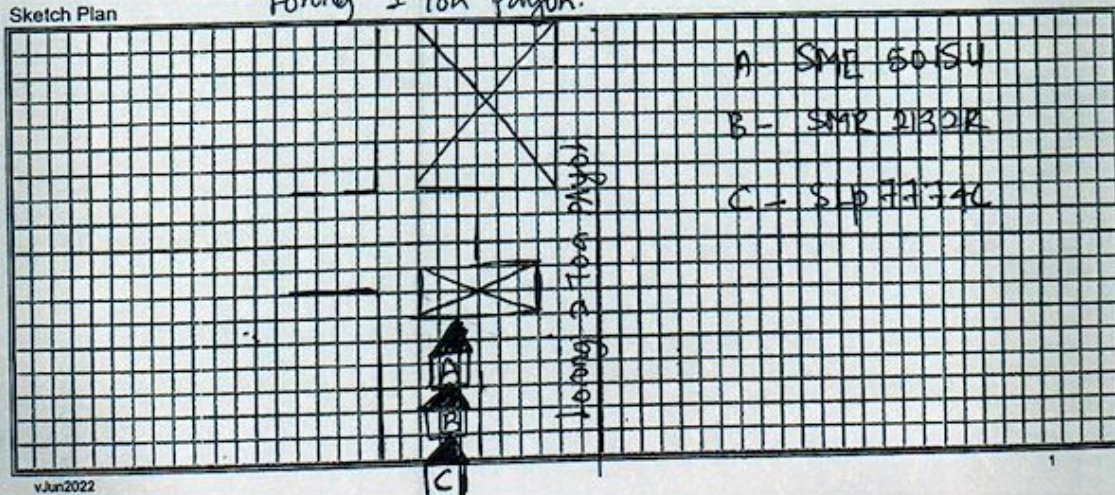
Chin
Policyholder's Signature / Date & Time
10/4/2023

Ji
Actual Driver's Signature (if driver is not the policyholder) / Date & Time
10/4/2023
9.30am

gurunul
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
10/4/2023

Sketch Plan

Long 2 Ton Payoh.



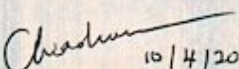
vJun2022

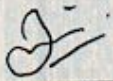
Describe Circumstance of the Accident

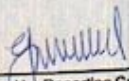
I stopped in front of a yellow box ^{in front of} ~~at~~ a traffic light along Lor 2 Toa Payoh at around 10:59am on Sunday, 9 April 2023.
Vehicle B hit my car front the back while my car was stationary. We got out to check. It was a three car incident, with Vehicle C crashing into the rear of Vehicle B, causing Vehicle B to hit my car from the rear.

Declaration

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


10/4/2023
Policyholder's Signature / Date & Time


10/4/2023
9:30 am.
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


10/4/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC1D card)











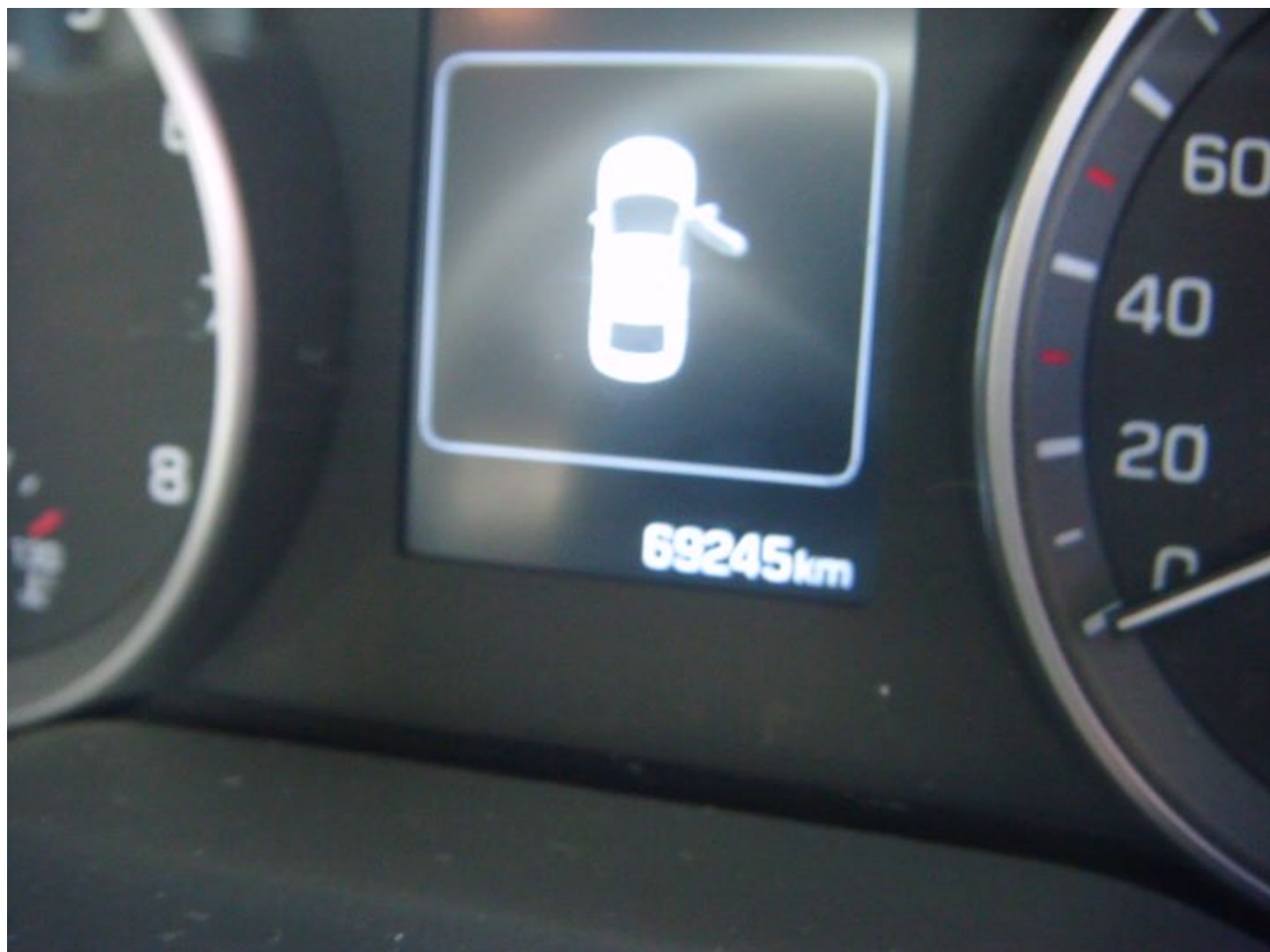
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09234A0003 Vehicle Registration No: SME 5015U
 Name (as shown in NRIC): Catherine Chong Kai Shin NRIC/FIN/Passport No: S8270721B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 42 Dido Street Singapore (459483)
 Contact (Tel): _____ Mobile No.: 9119 2359
 Email Address: catherine.chong@gmail.com
 Date of Accident: 09/04/2023 Time of Accident: 10:59
 Place of Accident: Jong 2 Toa Payoh
 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:

Amend sketch plan - policyholder signature

Policyholder / Actual Driver's Signature
Date:

Amend 10/4/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: