

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	11/04/2023 14:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/04/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI ROAD 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7253Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO CHEE TIONG (ZHANG ZHIZHANG)
NRIC No	SXXXX445H
Email Address	nickachu@icloud.com
Mobile Phone No	(Phone) +65-96719499
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00022612202

DRIVER

Name of Driver	TEO CHEE TIONG (ZHANG ZHIZHANG)
NRIC No	SXXXX445H
Date Of Birth	03/02/1987
Occupation	Outdoor

Date Of Driving Pass	19/08/2005
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96719499
Alt. Phone Number	-
Email Address	nickachu@icloud.com
Address	APT BLK 463B SEMBAWANG DRIVE
Address complement	# 22-385
Postcode	752463
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	Side Swipe
Weather Conditions	DRIZZLE
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ7545Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NOOR RAMADAN BIN JUMAHAT
NRIC No	SXXXX885Z
Contact Number	(Phone) +65-98470945
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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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.

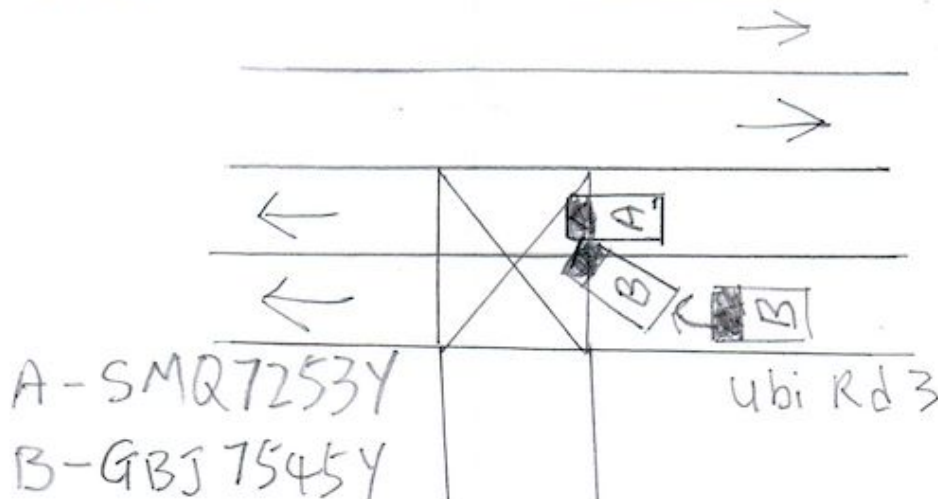
Fill 11/04/23
0953hrs.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was traveling on lane 1 of Ubi Road 3 towards Ubi Ave 3. at approx. 25 kmph. Weather was light drizzle and road was slightly wet, traffic was moderate.


At approximately 5.30pm, I noticed the goods vehicle GBJ7545Y stationery on the left lane (lane 2) with his right signal on. unclear of his intentions I high beamed him as I approached, however he proceeded to turn and collided into my left side as I passed him.

As he did not brake or stop on impact his vehicle was in almost perpendicular to the road. I assumed that the driver Mr. Noor Ramadan was making an illegal u-turn and he did not deny when I confronted him.

At the time of accident I was ferrying 1 female passenger for Grab. She claims to be unhurt and ok before leaving in another vehicle.

Declaration

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

 11/04/23
0953hrs

Policyholder's Signature / Date & Time

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

 11/4/2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)































