

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SPOX23460002 Vehicle Registration No: SCG90S
Name(as shown in NRIC) : MS WU YA HAN NRIC/FIN/Passport No : S9171050A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91116050
Email Address : _____
Date of Accident : 06 / 04 / 2023 Time of Accident : 12.00 hrs
Place of Accident : 150 BUKIT TIMAH ROAD, SINGAPORE 229846
Insurance Company: CHINA TAIPING INSURANCE (S) PTE. LTD.

(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:

I wish to revert claim my own insurance policy for repair my vehicle instead of claiming against
3rd party insurer.

x

Policyholder / Driver's Signature

Date:

17/04/23 (12.00 pm)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

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	06/04/2023 11:53 (SGT)
Reported by	Actual Driver
Date of Accident	06/04/2023 00:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	150 BUKIT TIMAH ROAD SINGAPORE 229846
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG90S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WU YA HAN
NRIC No	SXXXX050A
Email Address	wu.oryn@gmail.com
Mobile Phone No	(Phone) +65-91116050
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M4
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2993

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00258482200

DRIVER

Name of Driver	ONG HOCK FONG BERNARD
NRIC No	SXXXX971B
Date Of Birth	25/10/1987
Occupation	Indoor

Date Of Driving Pass	04/01/2016
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87776668
Alt. Phone Number	-
Email Address	bern.ong@live.com
Address	8 SCOTTS ROAD #36-04
Address complement	-
Postcode	228238
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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

REFER TO ATTACH

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW8425R
Vehicle Manufacturer	Mercedes
Vehicle Model	Cls350
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ANIL KUMAR GOSWAMI
NRIC No	SXXXX664A

Contact Number	(Phone) +65-85685656 .
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Auto & General Insurance (Singapore) Pte. Limited.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

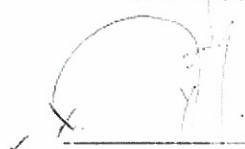
SKETCH PLAN

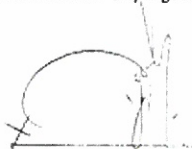
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

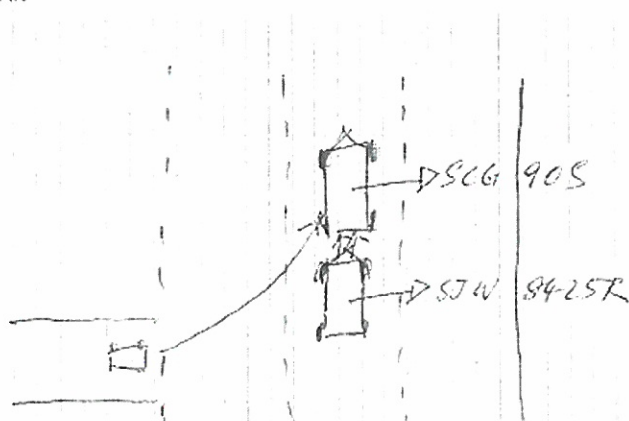

 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

06/04/23 (10.11am)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 0000 hrs on 6th April 2023, I had just exited a Shell petrol station along 150 Bukit Timah Road heading towards town when I was hit by a car in the rear by SJW 8425R, a white Mercedes Benz C18350. When I was exiting, there was ample distance between me and the said car. I would like to add that the car was going at a fast speed and didn't appear to have intention to slow down. After exchanging particulars, the driver of the other car admitted that it was his fault and told me that he will help with my repairs.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Police Personnel's Signature
Name:
NRIC/Fin No.:

16/04/23 (10.11am)