

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	15/04/2023 14:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/04/2023 08:13 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	TWDS PIE (JURONG)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF5980R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOK WAI HOE
NRIC No	S7724416F
Email Address	ALANK8827@GMAIL.COM
Mobile Phone No	(Phone) +65-91133037
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00009382200

DRIVER

Name of Driver	KOK WAI HOE
NRIC No	S7724416F
Date Of Birth	29/08/1977
Occupation	Indoor

Date Of Driving Pass	02/03/2012
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91133037
Alt. Phone Number	-
Email Address	ALANK8827@GMAIL.COM
Address	BLK 519A TAMPINES CENTRAL #04-13
Address complement	-
Postcode	521519
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 - 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)	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	JOYCE ONG
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

ON 13/04/2023 AT ABOUT 0813HRS, AT SLIP ROAD OF TAMPINES AVE 5 TOWARDS PIE (JURONG). I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND SUDDENLY, A VEHICLE B VEERED INTO MY LANE WITHOUT CAUTIOUSAND WITHOUT CHECKING HIS BLINDSPOT AND HIT ONTO MY REAR RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER ONBOARD.

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	GBD6613L
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 Authorised Driver**.
3. Motorists please provide the details as **truthful and accurate as possible**. Any attempt to conceal or mislead information or failure may allow insurance companies to **reputate policy liability**.
4. The insurance acceptance of this form by motorist is a business decision not an insurance policy liability on the part of the insurance company.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the IDA Records Management Centre to the relevant insurance Association of Singapore for their reviewing and that a copy of the report will be sent to the relevant insurance company which is an interested party.
7. If the insurance of the report to the insurers is not taken out to the authority of the report of the claimant and to speed up the report being done available with us.

8. Consent under the Personal Data Protection Act (PDPA)

I understand and have selected, agreed and consent that:

- a. My insurer, my workshop and the relevant insurance Association of Singapore (GIA) insurance permitted to collect, store, process and/or provide my personal information (information set out in this form) and any other personal information provided by me or provided by my insured (collectively the "Personal Information"), and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in the accident (insurers) who have insured a vehicle involved in the accident (all being collectively referred to as the "Insurers", the Insured's lawyer and from the Monetary Authority of Singapore and any relevant government agency, including Transport and Police, for the purposes of:
 - i. investigating, handling or otherwise dealing with my claim and aiding the settlement of the claims and any necessary agent parties relating to the claims;
 - ii. investigating the accident and/or my claim;
 - iii. carrying out and/or dealing with my instructions or responding to any enquiry by me;
 - iv. handling my claim, including the making of correspondence, statements, records, reports or notices to the relevant insurance Association of certain personal data about me to bring about delivery of the claim or on my own external claim or even open/man packages) and/or;
 - v. complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes".
- b. if I am (if you have insurance) involved in the accident and the insurers, workshop, from may have permitted to collect, store, process and/or provide my Personal Information for any or none of the above Purposes; and
- c. my Personal Information may can be disclosed by any of the insurers and/or sold to third party and/or provided or agent or claim or their lawyers (law firm), who may be sold 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 just data for my insurance and management of current and all future claims;
- e. the information collected under (a) above may be shared / disclosed:
 - i. to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - ii. regulatory law enforcement and have agent agencies as reasonably required for the purposes stated in (a);
 - iii. for complying with requirements under any regulations, law or court order;

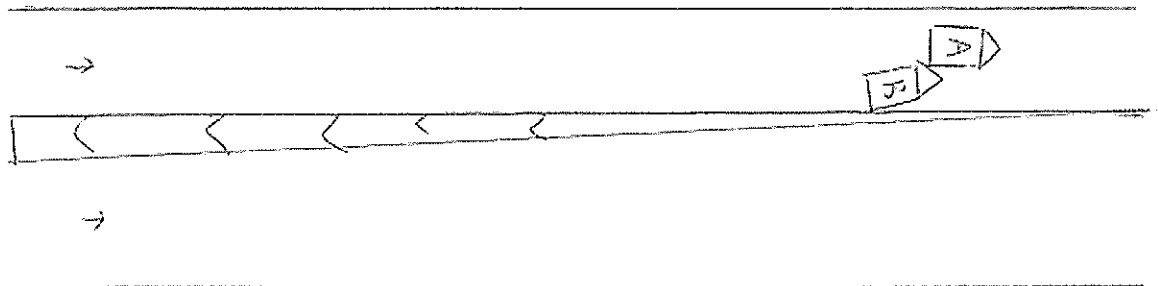
Policyholder's Signature
Date: 8/1/2024

Insured's Signature
(If Insured is not the policyholder)
Date: 8/1/2024

Reporting Centre, Person of claimant
Name
NRIC # 123456789

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature _____

SKETCH PLAN Ship Road at Tampines Ave 5 towards ME (Tampines)



(A) SNF5982R
(B) G13F613L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/04/2023 at about 03:30 at ship road at Tampines Ave 5 towards ME (Tampines). I was travelling in my motor vehicle and suddenly, a vehicle entered into my lane without caution and without checking his blindspot and hit into my rear right portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard.


(A) SNF5982R

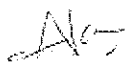
(B) G13F613L

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/we declare that foregoing particulars are true and correct.


Police Officer's Signature
Name & Title


Driver's Signature
Full name (not for use as witnesses)
Date & Time


Reporting Officer's Signature
Name
Date & Time