

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	10/05/2023 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 11:10 (SGT)
Exact Location of Accident	Lor 7 Geylang, Singapore
Additional Location Information	NO.8 CENTRA RESIDENCES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EK3000M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ENG KIAT (ZHANG YINGJIE)
NRIC No	SXXXX382J
Email Address	kiatido@gmail.com
Mobile Phone No	(Phone) +65-97607476
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00217662200

DRIVER

Name of Driver	JIANG YULIAN
Passport No/FIN	GXXXX843W
Date Of Birth	01/10/1980
Occupation	Indoor

Date Of Driving Pass	30/11/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92252591
Alt. Phone Number	-
Email Address	kiatido@gmail.com
Address	217A SENGKANG CENTRAL #13-261
Address complement	-
Postcode	541271
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 - Major/Minor Rd
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

PLEASE REFER TO SKETCH PLAN

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	SMF321M
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROLAND HO JUAY CHNG
NRIC No	SXXXXX076G

Contact Number	(Phone) +65-81337779
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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

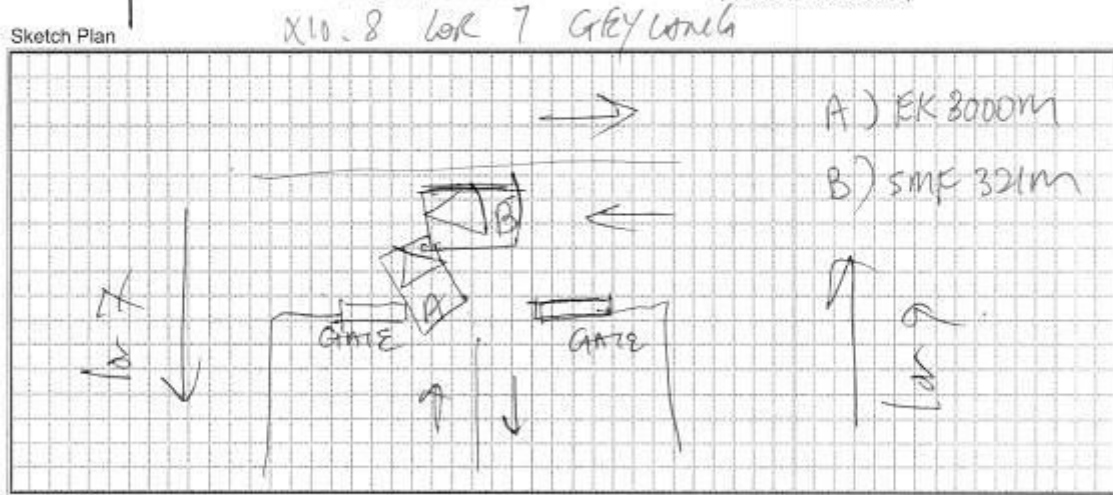
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature / Date & Time: [Signature] 10/5/23

Actual Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 10/5/23

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): [Signature] 10/05/2023



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Describe Circumstance of the Accident

6 May 2023 11:10 hrs I am driving out of gateway as gate open very slowly. I have to wait for it to be fully open before driving out of gate. As it opened, I slowly drive out having a quick check to my left & right. Suddenly SMF321M crashed onto my right front corner.

No drivers are injured in the accident.
No other personal are in respective cars.

Driver not contactable since 1300 hrs after accident tried to contact contact him to seek decision on claim to make. That therefore making claim on 10 May 2023 Wednesday

Declaration

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

 10 May 23
 Policyholder's Signature / Date & Time

 10 May 23
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 10/05/2023
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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