

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	08/05/2023 18:51 (SGT)
Reported by	Actual Driver
Date of Accident	07/05/2023 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9470P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN KIM HOONG
NRIC No	S2643729F
Email Address	huplianc@singnet.com.sg
Mobile Phone No	(Phone) +65-98561818
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Grand vitara
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	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00018512300

DRIVER

Name of Driver	KOH BENG HIONG
NRIC No	S1692272B
Date Of Birth	04/04/1965
Occupation	Indoor

Date Of Driving Pass	01/10/1984
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98561688
Alt. Phone Number	-
Email Address	huplianc@singnet.com.sg
Address	BLK 405B FERNVALE LANE, 04-109
Address complement	-
Postcode	792405
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	4
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	DRIVER WIFE
Gender	Female

PASSENGER 2

Name	DRIVER SON
Gender	Male

PASSENGER 3

Name	DRIVER DAUGHTER
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

REFER STATEMENT ATTACH

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	SNC607T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KETAN
Contact Number	(Phone) +65-9728453
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	REAR
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH NO: SJP 9470 P
 INSURER: CHINA TRIPING
 DATE OF ACC: 07/05/23 6:20 PM

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 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:

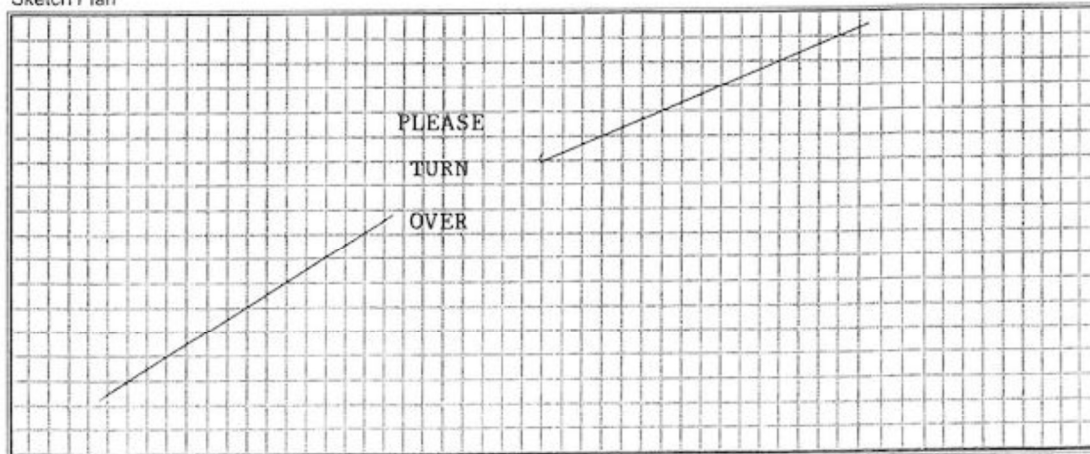
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



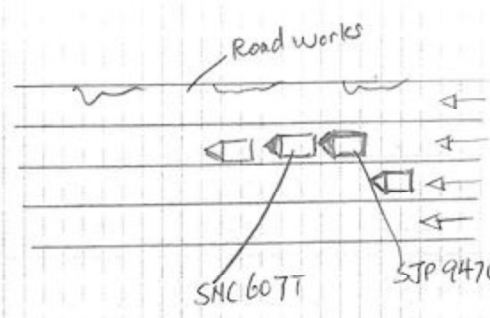
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party (☒) Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan



Traffic was heavy slow moving in front vehicle (SNC 607T) move forward and suddenly brake again, so when I brake my vehicle my vehicle can't stop in time and hit onto said vehicle rear portion.

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

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













08 May 2023

Cheng Hoe Motor Pte Ltd
38 Woodlands Industrial Park E1
#05-04
Singapore 757700

Dear Sir/Madam,

**RE: SJP9470P
ACCIDENT REPORTING**

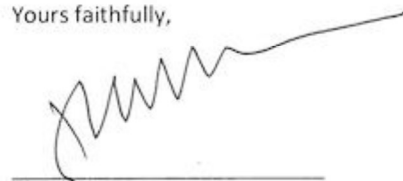
Refer above.

We hereby authorized, Mr.Koh Beng Hiong of NRIC No. S1692272B to proceed for the accident reporting on behalf.

Your kind assistance is greatly appreciated.

Thank you.

Yours faithfully,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Chan Kim Hoong
S2643729F