

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	26/05/2023 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/05/2023 11:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	10 CIRCUIT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD8699C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAN ENG HOE @ CHUA ENG HOE
Company Reg No	SXXXX794I
Email Address	terencetph@gmail.com
Mobile Phone No	(Phone) +65-90880033
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q70
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	2496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00175912200

DRIVER

Name of Driver	TAN ENG HOE @ CHUA ENG HOE
Company Reg No	SXXXX794I
Date Of Birth	23/05/1950
Occupation	Outdoor

Date Of Driving Pass	02/08/1968
Driving experience	54 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90880033
Alt. Phone Number	-
Email Address	terencetph@gmail.com
Address	APT BLK 423 BUKIT BATOK WEST AVENUE 2
Address complement	# 04-135
Postcode	650423
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	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	TAN PENG HERNG TERENCE
Gender	Male

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8376T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA KIAN WEI , WILLIAM
NRIC No	SXXXX410J
Contact Number	(Phone) +65-93497343
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

[Signature]
26/5/23
Policyholder's Signature / Date & Time

[Signature]
10 Circuit Link
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 26/5/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

please Refer to the attached

A- SED 8699 C

B- SLT 8376 F

5/26/23, 12:39 PM

10 Circuit Link - Google Maps

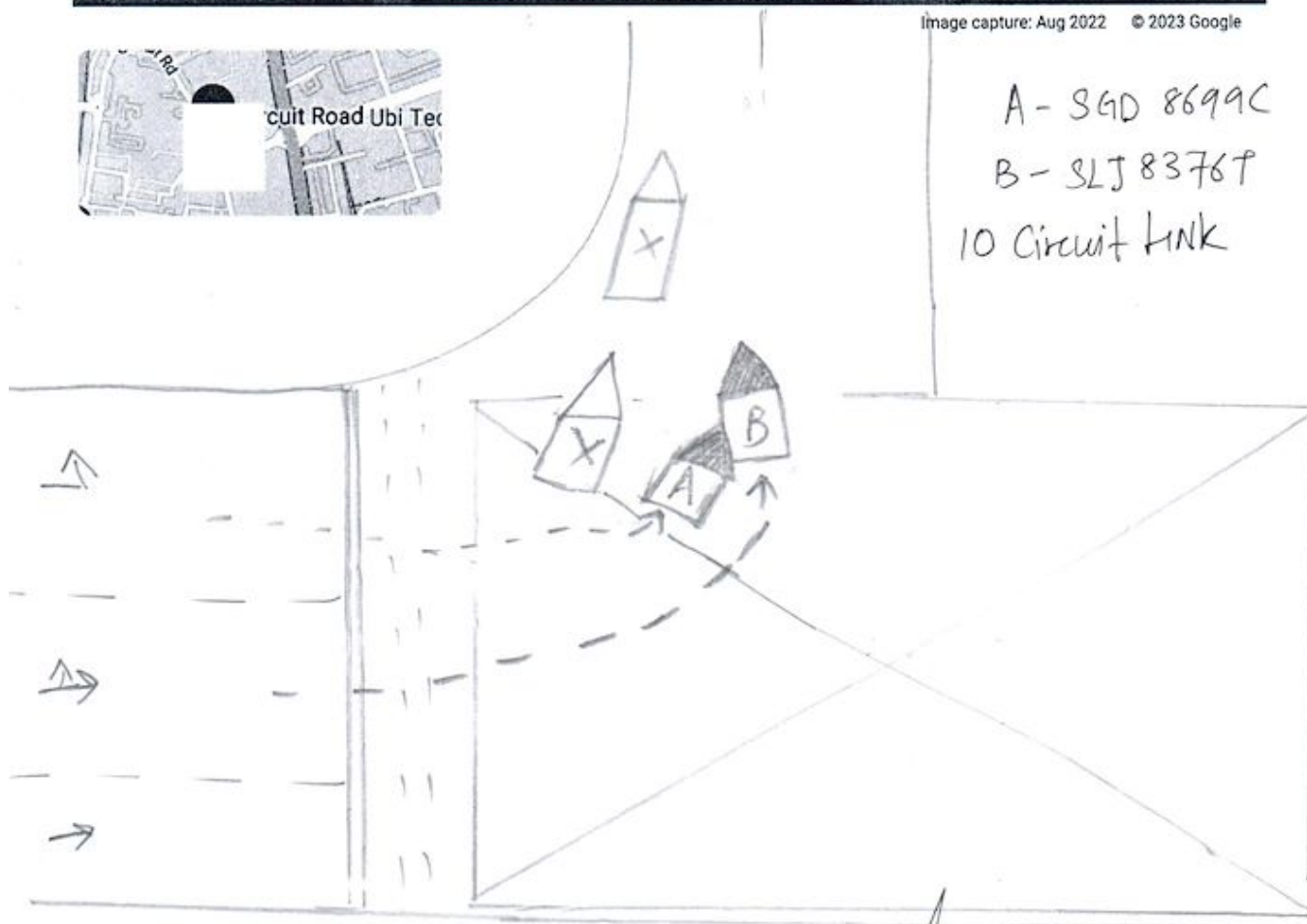
Google Maps 10 Circuit Link



Image capture: Aug 2022 © 2023 Google



A - SGD 8699C
B - SLJ 8376P
10 Circuit Link



July 2023
26/5/23

https://www.google.com/maps/@1.3259144,103.8885403,3a,75y,43.06h,68.64t/data=!3m6!1e1!3m4!1sUOtXumYyRn1V_mCORAH8oQI2e0!7i16... 1/1

Describe Circumstance of the Accident

On the above stated date and time, I was travelling along 10 Circuit Link. I was on the third lane which is the turning lane to the left side. It was slightly traffic jam. As the traffic jam slowly starts to move off, I checked my right side to filter to the right and there was no oncoming vehicle on the right so I signaled and made the turning. Suddenly vehicle B came from the right side turning and hit the right side front bumper of mine. His left side rear door hit the front right side bumper of mine.

Declaration

We declare the foregoing particulars are true in every respect.


26/5/23
Policyholder's Signature / Date & Time

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

 26/5/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





















