

# 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 .....	05/06/2023 18:02 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/06/2023 15:00 (SGT)
Exact Location of Accident .....	Burgundy Cres, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNA1666B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YANG ZHENKUN
NRIC No .....	SXXXX501D
Email Address .....	myronyzk@gmail.com
Mobile Phone No .....	(Phone) +65-93820016
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Chevrolet
Model .....	Cruze
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 .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00270302203

### DRIVER

Name of Driver .....	YANG ZHENKUN
NRIC No .....	SXXXX501D
Date Of Birth .....	17/09/1980
Occupation .....	Indoor

Date Of Driving Pass .....	30/12/2016
Driving experience .....	6 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93820016
Alt. Phone Number .....	-
Email Address .....	myronyzk@gmail.com
Address .....	BLK 93B TELOK BLANGAH STREET 31 #30-175
Address complement .....	-
Postcode .....	102093
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 .....	SNB4852E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	SXXXX689E

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

SKETCH PLAN

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- 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 be 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 processed by my insurer (collectively the "Personal Information") and disclose and/or process such Personal Information to all insurers who have insured vehicle(s) involved in this accident, all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; the Insurers' law yers/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 any vehicle(s) packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - (b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms) which may be located 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: \_\_\_\_\_

Sketch Plan: **BURKHUNDY CRESCENT**



A = SNA 1666 B  
 B = SNB 4852 E



















