

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	08/06/2023 15:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN EUNOS TOWARDS EUNOS LINK BEFORE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2000G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU HOOI SUN
NRIC No	SXXXX781C
Email Address	NICOLE8812@GMAIL.COM
Mobile Phone No	(Phone) +65-90267178
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Premio
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00275682204

DRIVER

Name of Driver	LAU HOOI SUN
NRIC No	SXXXX781C
Date Of Birth	17/04/1972
Occupation	Indoor

Date Of Driving Pass	16/09/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90267178
Alt. Phone Number	-
Email Address	NICOLE8812@GMAIL.COM
Address	APT BLK 298D COMPASSVALE STREET
Address complement	# 08-60
Postcode	544298
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 THE ATTACHED STATEMENT

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	SMN923J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUHAIMIE BIN SAMAT
Contact Number	(Phone) +65-88178823

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU HOOI SUN
Gender	Female
Phone No	(Phone) +65-90267178
Address	APT BLK 298D COMPASSVALE STREET
Address Complement	# 08-60
Post Code	544298
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SJG2000G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

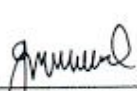
(collectively the "Purposes")

(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

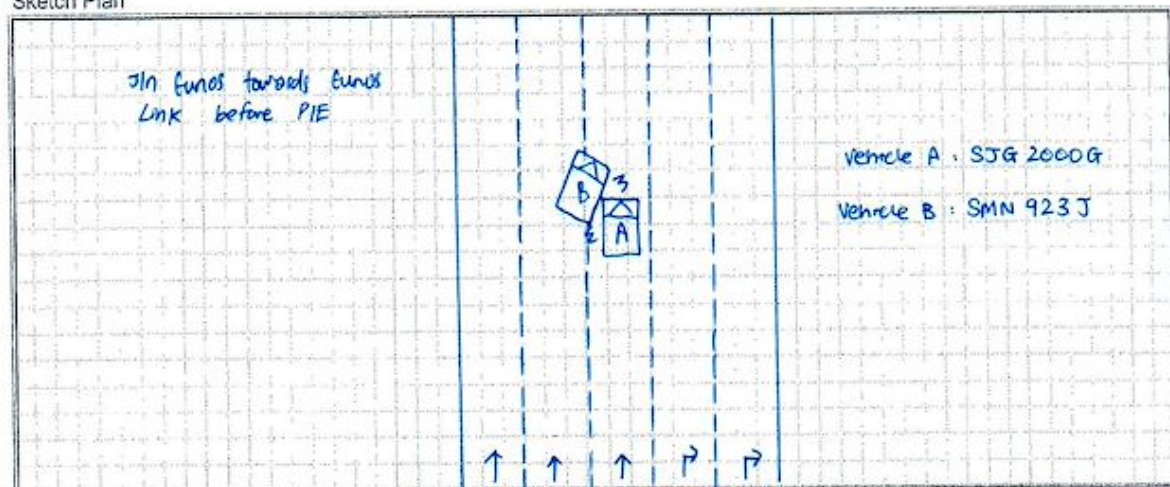
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 8/6/2023
Witnessed by Reporting Centre Personnel
(Name and NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SG 2000 G) along Jln Fines towards Fines Link on the middle lane of 2 5 lane Road. Somewhere before PIE, I was driving slow in my lane and suddenly, vehicle B (SMN 923J) filtered from my left (Lane 4) into the front of my vehicle. During the process vehicle B right portion collided into the left front portion of my vehicle.

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

 8/6/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923680006 Vehicle Registration No: SJG2000G
 Name (as shown in NRIC): Lau Hwei Sun NRIC/FIN/Passport No: S7282751C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt B1k 298D Compassvale Street # 08-60 Singapore (5442915)
 Contact (Tel): _____ Mobile No.: 9026 7178
 Email Address: Nicole8812@gmail.com
 Date of Accident: 07/06/2023 Time of Accident: 19:30
 Place of Accident: Jalan Gines Towards Gines Link Before Link
 Insurance Company: Chia Tai Ping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Actual Driver Gender - Female.

Policyholder / Actual Driver's Signature
Date:

gmmllh 9/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: