

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	15/06/2023 12:36 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 09:16 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	EXIT TO ALEXANDRA ROAD LEFT FILTER LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7807Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WALLACE WOON PHOTOGRAPHY
Company Reg No	5XXXX900M
Email Address	wallacewoon@gmail.com
Mobile Phone No	(Phone) +65-91127302
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00001622302

DRIVER

Name of Driver	WALLACE WOON SHIH LEONG
NRIC No	SXXXX205D
Date Of Birth	08/09/1988
Occupation	Indoor

Date Of Driving Pass	26/03/2009
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91127302
Alt. Phone Number	-
Email Address	wallacewoon@gmail.com
Address	34 VERDE GROVE
Address complement	-
Postcode	688566
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ1521E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

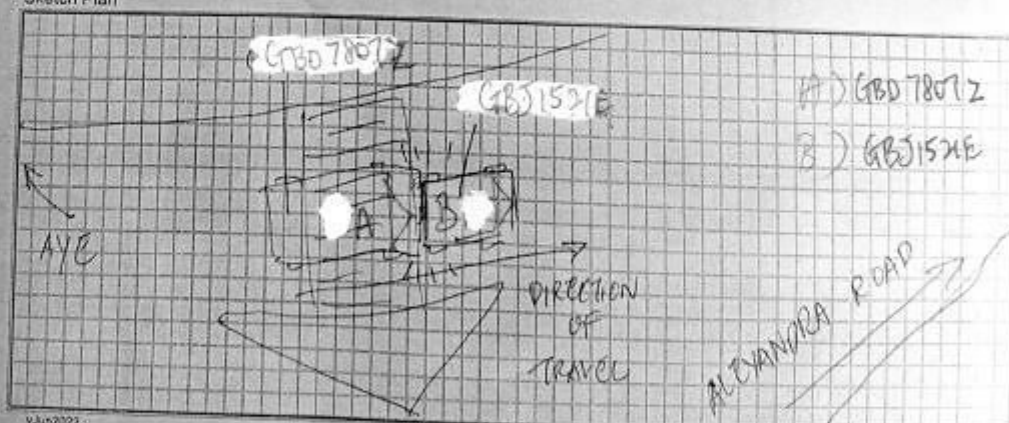
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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/are 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
 14/6/23
 09:56

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

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

Sketch Plan



V3.0/2022

Describe Circumstance of the Accident

I (DRIVER OF GBD 7807Z) WAS EXITING THE AYE (CITY) TO HEAD TO
ALEXANDRA ROAD. I TOOK THE LEFT FILTER LANE AND WAS
SLOWING DOWN TO CHECK FOR ONCOMING TRAFFIC.

AS THERE WERE NOT MANY CARS, I DID NOT BRING THE
VEHICLE TO A FULL AND COMPLETE STOP.

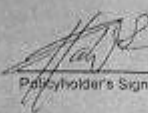
I DID NOT REALISE THAT THE VEHICLE IN FRONT OF
ME HAD NOT MOVED OFF YET, EVEN THOUGH I HAD
NOTICED IT ALREADY WHILE EXITING THE EXPRESSWAY.

AS A RESULT, THE FRONT OF GBD 7807Z COLLIDED WITH
THE REAR OF GBJ1521E, DRIVEN BY ~~PPA~~ SHIN JING YA.

THE COLLISION DAMAGED THE REAR DOOR AND FRAME OF
GBJ1521E AND THE LICENSE PLATE HOLDER OF GBD 7807Z

Declaration

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

 9:56am
14/6/23
Policyholder's Signature / Date & Time

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

 15/06/2023
Witnessed by Reporting Convict Personnel
(Name as in NRIC/ID card)

vJun2022























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: SN08236E0003 Vehicle Registration No: GBD 7807 Z
 Name (as shown in NRIC): WALOCK WONG SHIH CHUAN NRIC/FIN/Passport No: 8XXXXX 205D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91127302
 Email Address: _____
 Date of Accident: 14/06/2023 Time of Accident: 09:16
 Place of Accident: AYE EXIT TOWARDS PLAYMORA ROAD
 Insurance Company: CITICORP

(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:

T/P to REPORTING CENTRE PERSONNEL CLICK WRONGLY

Policyholder / Actual Driver's Signature
Date:

15/06/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: