

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	13/07/2023 10:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 09:30 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	SLIP ROAD TO JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1939K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MURALIDHARAN GOVINDARAJAN
NRIC No	S2671917H
Email Address	muraliipc@gmail.com
Mobile Phone No	(Phone) +65-87275938
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC300
Variant	SPORT 4MATIC M-HYBRID AUTO
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00021042202

DRIVER

Name of Driver	MURALIDHARAN GOVINDARAJAN
NRIC No	S2671917H
Date Of Birth	25/05/1964
Occupation	Indoor

Date Of Driving Pass	03/12/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87275938
Alt. Phone Number	-
Email Address	muraliipc@gmail.com
Address	11 WESTWOOD ROAD
Address complement	-
Postcode	648570
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	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

ON 12/07/2023 @ ABT 0930HRS. I WAS CHECKING THE TRAFFIC ON MY RIGHT AT THE SLIP ROAD FROM JALAN BOON LAY TOWARDS JALAN AHMAD IBRAHIM. WHEN I LOOK FORWARD AGAIN, I REALISED THE FRONT VEHICLE (SLL6051H) STOP HER VEHICLE IN FRONT OF ME. I THEN QUICKLY APPLY BRAKE BUT COULD NOT STOP IN TIME & KNOCKED ONTO THE SAID VEHICLE AT REAR. THE IMPACT CAUSING MY VEHICLE DAMAGE AT FRONT & HER VEHICLE DAMAGE AT REAR. I AM LODGING THIS REPORT FOR INSURANCE CLAIM PURPOSE. THAT'S ALL.

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	SLL6051H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	COREEN TAY CHAI SZE
-	S8136146J
Contact Number	(Phone) +65-98161468
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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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.
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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.

[Signature]

Policyholder's Signature / Date & Time

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

[Signature]

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

Sketch Plan

veh A: SMW 1939K

veh B: SLL 6051H

vJun2022

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Describe Circumstance of the Accident

On 12/07/2023 @ abt 0930hrs I was checking the traffic on my right at the dip road from Jln Buar Lay tuds Jln Ahmad Ibrahim. When I look forward again, I realized the front vehicle (S2L6051H) stop her vehicle at in front of me. I then quickly apply brake but could not stop in time & knocked onto the said vehicle at rear. The impact causing my vehicle damage at front & her vehicle damage at rear. I am lodging this report for insurance claim purpose. That's all.

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose

Policy No. DMHCNSNA 00021042202
 Insurer Ching (C) Veh. No. SMW 1539K

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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



SNG AH TEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)





















