# 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 witholding 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 | 19/07/2023 13:37 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 18/07/2023 09:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | YIO CHU KANG FLYOVER TOWARDS CTE |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SJN2554M |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| Name Of Registered Owner | OH CHIN HEONG RUBY |
| NRIC No | SXXXX895J |
| Email Address | PHUAWKSAMUEL@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93888429 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Toyota |
| Model | Axio |
| 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 | DMPCSNW00162732202 |

### DRIVER

| | |
|---|---|
| Name of Driver | PHUA WEE KIAT SAMUEL |
| NRIC No | SXXXX462Z |
| Date Of Birth | 04/12/1987 |
| Occupation | Indoor |

| | |
|---|---|
| Date Of Driving Pass | 14/03/2008 |
| Driving experience | 15 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94523361 |
| Alt. Phone Number | - |
| Email Address | PHUAWKSAMUEL@GMAIL.COM |
| Address | APT BLK 429 TAMPINES STREET 41 |
| Address complement | #06-497 |
| Postcode | 520429 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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? | Yes |
| 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? | No |
| 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 | - |

### FOREIGN VEHICLE 1

| | |
|---|---|
| Vehicle Registration Number | JSF5116 |
| Vehicle Category | Commercial vehicle |

## 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 |

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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.
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**")

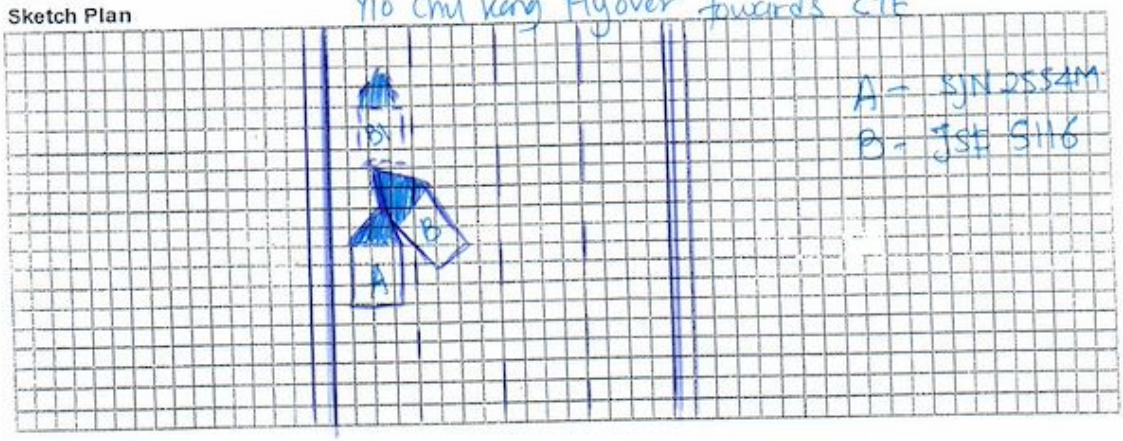
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 | Witnessed by Reporting Centre Personnel |
|---|---|---|
| | 18/07/23. | 19/7/23 |

**Sketch Plan**

Yio Chu Kang Flyover towards CTE



Describe Circumstance of the Accident

on the above-mentioned date and time, I was travelling on the left lane on Yio Chu Kang flyover. My vehicle was moving slowly forward and suddenly a trailer hit me on the right side of my vehicle. The trailer continued moving forward after impact and stopped in front of my vehicle. The driver of the trailer then came out to talk to me and he gave me his IC and passport for my record. I told him I will be reporting this to a reporting centre and he told me he will do the same.

Declaration

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

| Policyholder's Signature / Date & Time | Actual Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) |
|---|---|---|
| | 08/07/23 | 19/7/23 |

v.Jun2022

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-NZE141-AEXNK-K
ENGINE 1NZ-FE 1496 mL
FRAME No. NZE141-6102884
COLOR TRIM PLANT OPTION
040 FA43 N11
TRANS./AXLE K310 -02A 056

IMAGES #11

IMAGES #12

IMAGES #13