

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 First Submission 10/09/2024 17:40 (SGT)
Reported by Actual Driver
Date of Accident 12/08/2024 11:20 (SGT)
Exact Location of Accident Pioneer Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9145B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner S YONG RECYCLING PTE. LTD.

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85UH5A
Variant 3.0 MT
Vehicle Category Commercial vehicle
Transmission Manual
CC 2999

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00042552406

DRIVER

Name of Driver LEOW CHU TEE
NRIC No SXXXX057D
Address BLK 602 JURONG WEST STREET 62 #03-185
Address complement -
Postcode 640602
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

ON 12/08/2024 @ ABOUT 1120HRS. I WAS TRAVELLING ALONG PIONEER ROAD. WHEN TRAFFIC LIGHT TURN TO RED LIGHT. VEHICLE B INFRONT OF ME SUDDENLY APPLY BRAKE. I ALSO BRAKE TO STOP BUT MY VEHICLE FRONT PORTION ACCIDENTALLY TOUCH ONTO REAR OF VEHICLE B. WE CAME DOWN FROM VEHICLE AND CHECKED FOR ALL THE VEHICLE DAMAGE. THERE IS NO ANY VISIBLE DAMAGE OF VEHICLE B. DRIVER OF VEHICLE B ALSO SAID IS NO DAMAGE. WE THEN JUST MOVW OFF THE VEHICLE AND LEAVE THE PLACE. 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 SNH9562C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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:

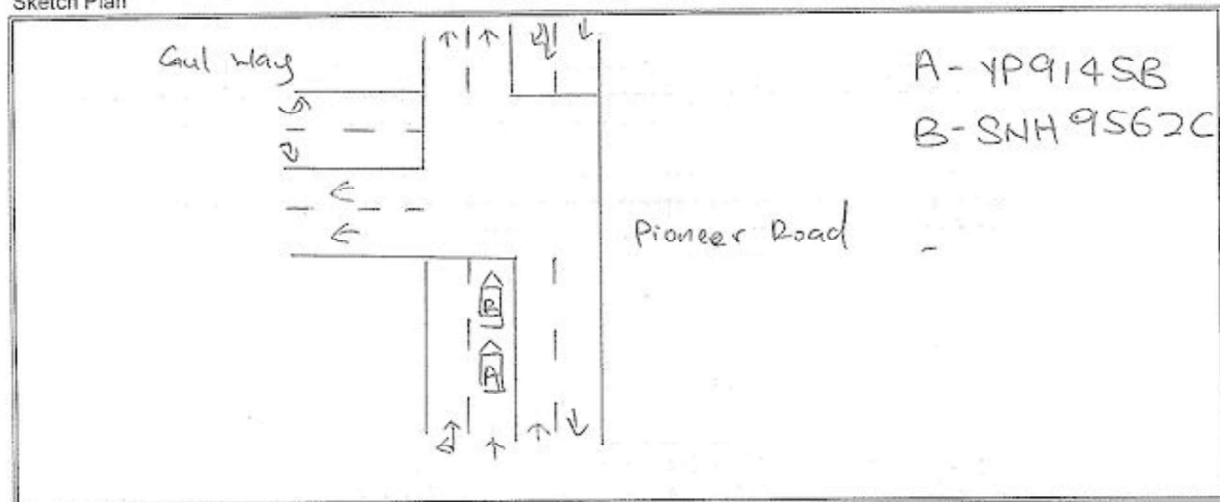
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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



vJun2022

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Describe Circumstance of the Accident

On 12/08/2024 @ about 1120 hrs.

I was travelling along Pioneer Road. When traffic light turn to red light. vehicle B in front of me suddenly apply brake. I also apply brake to stopped. but my vehicle front portion accidentally touch onto rear of vehicle B. We come down from vehicle and check for the vehicle damage.

There is no any visible damage of vehicle B.

Driver of vehicle B also said is no damage.

We then just move off the vehicle and leave the place. That's all.

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose
 Policy No. DMCVSNW00042552406
 Insurer China Veh. No. YP9145B

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)















