

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	02/08/2024 10:51 (SGT)
Reported by	Actual Driver
Date of Accident	31/07/2024 11:00 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7761G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	F&B EQUIPMENT (S) PTE LTD
Company Reg No	198001553D
Email Address	SALES@FNBSGPL.COM.SG
Mobile Phone No	(Phone) +65-67448856
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	DYNA 150 MANUAL 3SEATER
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	2982
Vehicle Fuel	Diesel
First Registration Date	09/03/2010
Chassis no	JTFAT35Y70K201157
Effective Date/Time of Ownership	09/03/2010 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00011062404

DRIVER

Name of Driver	NG KOK LEONG
NRIC No	S7309015F
Date Of Birth	13/03/1973
Occupation	Outdoor
Driving Pass Date	26/01/1998
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90124139
Alt. Phone Number	-
Email Address	SALES@FNBSGPL.COM.SG
Address	BLK 103 TAMPINES STREET 86 #06-08
Address complement	-
Postcode	528576
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SNQ5770Y
Insurance Company of Other Vehicle Owned by Driver	AIG Asia Pacific Insurance Pte. Ltd.

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

VEHICLE B STOPPED. I ACCIDENTALLY HIT ITS REAR PORTION.

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	SGJ140T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-82280359
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

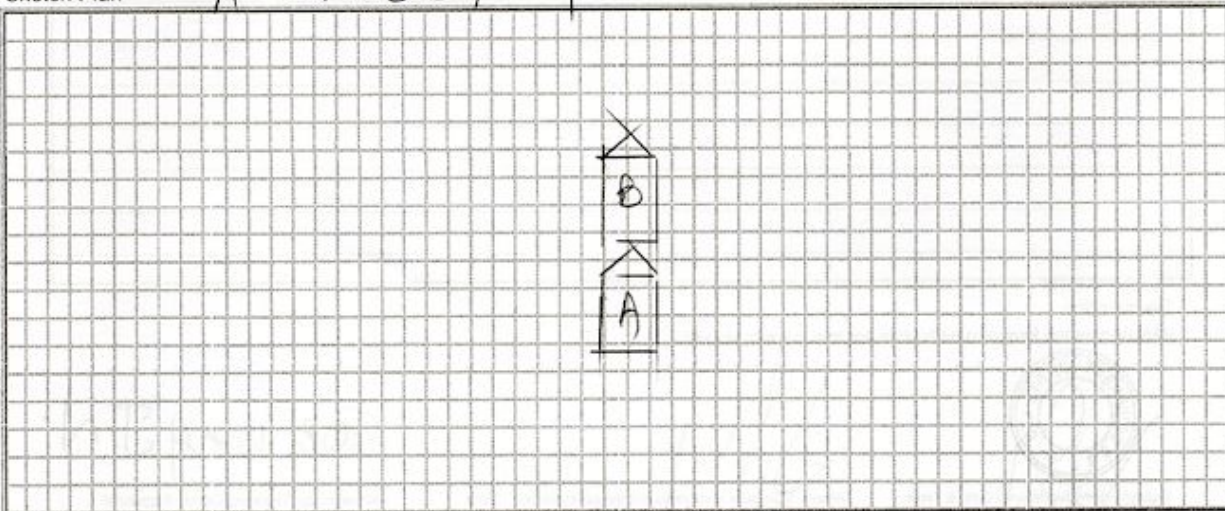
(collectively the "Purposes")

(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  11.08.24
Driver's Signature (if driver is not the policyholder) / Date & Time 
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 

Sketch Plan



A: 6BB77616 B: SJ 140T

Describe Circumstance of the Accident

VEHICLE B STOPPED.
1 ACCIDENTALLY HIT ITS REAR PORTION

NOTE : 01/08/24 DRIVER FILE ACCIDENT REPORT WITHOUT VEHICLE.

02/08/24 DRIVER SEND IN VEHICLE FOR PHOTO TAKING.

Declaration

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



Policyholder's Signature / Date & Time

A. H. S. P. N
01-08-24

Signature of Driver

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

Signature of Reporting Centre Personnel

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























CHASSIS NO	:	JTPA 35N10K201157		
UNLADEN WT	:	1930	KG	
MAX LADEN WT	:	3500	KG	
PASSENGER CAP	:	1 DRIVER	2	OTHER
TYRE SIZE	:	(F) 185 / 75R 15		
	:	(R) 155R 12 8 D		







