

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	25/09/2024 18:03 (SGT)
Reported by	Actual Driver
Date of Accident	21/09/2024 10:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TO PIE(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8377E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRIMSON (S) PTE. LTD.
Company Reg No	200515033G
Email Address	ADMIN@CRIMSONGROUP.COM.SG
Mobile Phone No	(Phone) +65-65664330
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52r
Variant	-
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15681
Vehicle Fuel	-
First Registration Date	27/12/2013
Chassis no	JALCYZ52RD7000046
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00101682304

DRIVER

Name of Driver	CHIN KET KEONG
NRIC No	F8480997R
Date Of Birth	11/12/1977
Occupation	Outdoor
Driving Pass Date	05/12/2008
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83300862
Alt. Phone Number	-
Email Address	ADMIN@CRIMSONGROUP.COM.SG
Address	485 SEGAR ROAD
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 21/09/2024 @ AROUND 1020HRS, I WAS TRAVELLING ALONG CTE TO PIE (CHANGI) WHILE AT THE SLIP ROAD SUDDENLY VEHICLE B SLOW DOWN & I APPLY MY BRAKE BUT ITS ALREADY TOO LATE & CAUSED ME CUT ONTO HIS 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	SMA5261X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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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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.

CRIMSON (S) PTE LTD

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 21/09/2024 (a) around 1020 hrs, I was travelling along CTE to PTE (Changi).
 While at the slip road suddenly vehicle B slow down & I apply my brake
 but it's already too late & caused me hit onto his rear portion.

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

Policy No. DMCVSNW 00101682304
 Insurer Crimson Veh. No. XD8377E

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.

金山私人有限公司
 CRIMSON (S) PTE LTD





SNG AH TEE MOTOR & PANEL SVC PTE LTD

.....Policyholder's Signature / Date & Time.....

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

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











