

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	21/10/2024 18:11 (SGT)
Reported by	Actual Driver
Date of Accident	19/10/2024 17:30 (SGT)
Exact Location of Accident	Bukit Panjang Rd, Singapore
Additional Location Information	UPP BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9682M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN HIAP CHUAN WOOD WORKS
Company Reg No	50300100K
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-91509441
Alternative Phone No	(Office) +65-63682000

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	150 MANUAL 3SEATER
Variant	-
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	-
Chassis no	JTFAT35YX0K201203
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00057732405

DRIVER

Name of Driver	OH KIM ANN
NRIC No	S2628328J
Date Of Birth	15/11/1961
Occupation	Outdoor
Driving Pass Date	16/09/1989
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91509441
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	842 WOODLANDS STREET 82 #07-63
Address complement	-
Postcode	730842
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 19/10/2024 AT ABOUT 1703HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER GBB9682M ENROUTE FROM BUKIT PANJANG TOWARDS SUNGEI KADUT FOR WORK PURPOSE. WHILE DRIVING ALONG THE FILTER LEFT LANE TOWARDS UPPER BUKIT TIMAH ROAD SHORTLY AFTER VEHICLE (B) BEARING REGISTRATION NUMBER SHF553U MAKE A SUDDEN STOPPED AND VEHICLE (A) REAR ENDED VEHICLE (B). NOBODY WAS INJURED DURING THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF553U
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS 5DR HATCHBACK (AUTO)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

Sin Hiap Chuan Wood Works
 5 Sungei Kadut Street 2
 #04-08 Trendsplace
 Singapore 729227
 Tel: 6368 2000 Fax: 6363 1542

Policyholder's Signature / Date &
 Time

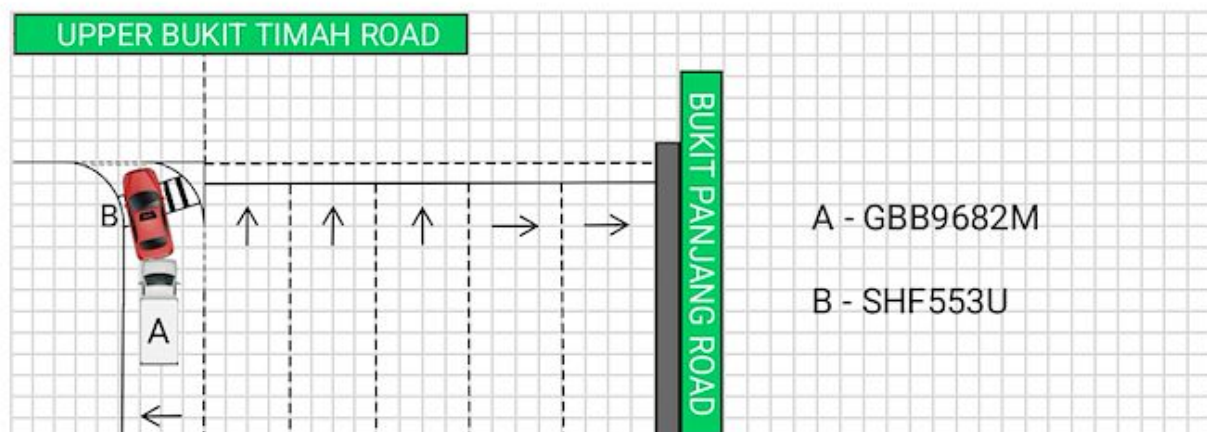
Sketch Plan

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

21/10/2024 - 1530HRS



Witnessed by Reporting Centre
 Personnel



Describe Circumstances of the Accident

ON 19/10/2024 AT ABOUT 1703HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER GBB9682M ENROUTE FROM BUKIT PANJANG TOWARDS SUNGEI KADUT FOR WORK PURPOSE. WHILE DRIVING ALONG THE FILTER LEFT LANE TOWARDS UPPER BUKIT TIMAH ROAD SHORTLY AFTER VEHICLE (B) BEARING REGISTRATION NUMBER SHF553U MAKE A SUDDEN STOPPED AND VEHICLE (A) REAR ENDED VEHICLE (B). NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

I/We declare the foregoing information is true in every respect.

Sin Hap Chuan Wood Works
5 Sungai Kadut Street 2
#04-08 Trendspace
Singapore 728227
Tel: 6368 2000 Fax: 6363 1542

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time 21/10/2024 - 1530HRS

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













