# **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 First Submission 22/10/2024 16:19 (SGT) Reported by Actual Driver Date of Accident 21/10/2024 14:50 (SGT) Exact Location of Accident 333 Orchard Rd, Singapore 238867 Additional Location Information HILTON HOTEL COMPOUND Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GBG9158J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIAN NAM HENG MARKETING PTE LTD Company Reg No 199905651Z **Email Address** contact@Inhenterprise.com Mobile Phone No (Phone) +65-64449745 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant ..... Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to vour vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 2982 Vehicle Fuel First Regisration Date Chassis no

# INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00025202406

DRIVER

Effective Date/Time of Ownership

Name of Driver	YAP LENG CHOON			
NRIC No	S0265648E			
Date Of Birth	05/09/1947			
Occupation	Outdoor			
Driving Pass Date	17/03/1971			
Driving License Pass Class	3			
Driving License Validity	Valid			
ng experience 53 YEARS AND 7 MONTHS				
Gender	Male			
Mobile Number	(Phone) +65-64449745			
Alt. Phone Number	-			
Email Address	autobullox@gmail.com			
Address	BLK 13 UPPER BOON KENG ROAD #03-947			
Address complement	-			
Postcode	380013			
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	_			
The same of the sa				
GENERAL INFORMATION OF THE ACCIDENT				
dentitie in online in the resident				
Type of Accident	Collision Major/Minor Pd			
Weather Conditions	Collision - Major/Minor Rd Clear			
Road Surface	Dry			
Trodu Guiriaco	ыу			
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				
PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HE	EAD TO SIDE)			
ATTACHMENT(S)				
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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	SLG5833B			

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN POH HENG
NRIC No	S1360002C
Contact Number	(Phone) +65-98774918
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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- 1. Please report correctly the details of the accident to speed up the daims 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 Traffic Police Department for Investigation.
- 6. This report will be forwarded by the insurers to 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 aforesald.
- 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, involces, 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/mali
- (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 1 ATIL Compount

ibe Circumstance of the Accident	
- # 21/10/2024 I 7 15	450 MS 成驾公司的Van GBG915
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1811 東西河东乡村	+ 21 \$ 16 B CL - 0 1
127年月起了夏村	寸方的車序是 SLG 5833 8 Honda
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declare the foregoing particulars are true in every respect.	
	of miliotrone and later
SCO LAN SAME	\$ 22/10/2024 22/10/20
121 2 131	12/10/20



































IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

		ADDENDL	IM	
01	ARTICULARS OF PERSON MAKING THE AI	)6	Vehicle Registration N	0: GBG 915PJ
Name (as shown in NRIC): AP WW (*Vehicle Driver/Policyholder) (*) Please	ame (as shown in NRIC): The MMC			SXXX PERE
Ac	ddress:	140000		Singapore ( )
	ontact (Tel):		Mobile No.: 6444	9198
Da	nail Address:  nte of Accident: 716707  ace of Accident: 333 0 Whosp		Time of Accident:	14.20
In	surance Company: _ CAMA Von la	is		
ma	nave made a report on the above-mentione ake the following amendments:  WHIL MINULLY TO COMPACE GO			e additional information or
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			lul 24	10/2000
Poli	icyholder / Actual Driver's Signature e:		Reporting Centre Pe	rsonnel's Signature D card):