

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	02/12/2024 19:20 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 13:45 (SGT)
Exact Location of Accident	Green Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8298P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VISION E&C PTE. LTD.
Company Reg No	201806430G
Email Address	yunkai@visionec.com.sg
Mobile Phone No	(Phone) +65-90625839
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530E
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	Auto
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00131962404

DRIVER

Name of Driver	YUAN KAI
NRIC No	S7383613A
Date Of Birth	17/10/1973
Occupation	Indoor
Driving Pass Date	16/06/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90625839
Alt. Phone Number	-
Email Address	yuankai@visionec.com.sg
Address	193 MEYER ROAD #11-05
Address complement	-
Postcode	437981
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BOSS
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	Collided into Parked Vehicle
Weather Conditions	DRIZZLING
Road Surface	Wet

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

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	SGX3366R
Vehicle Manufacturer	BMW

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	JUDY
Contact Number	(Phone) +65-97312688
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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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 collectively the "Purposes")
- 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
- 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

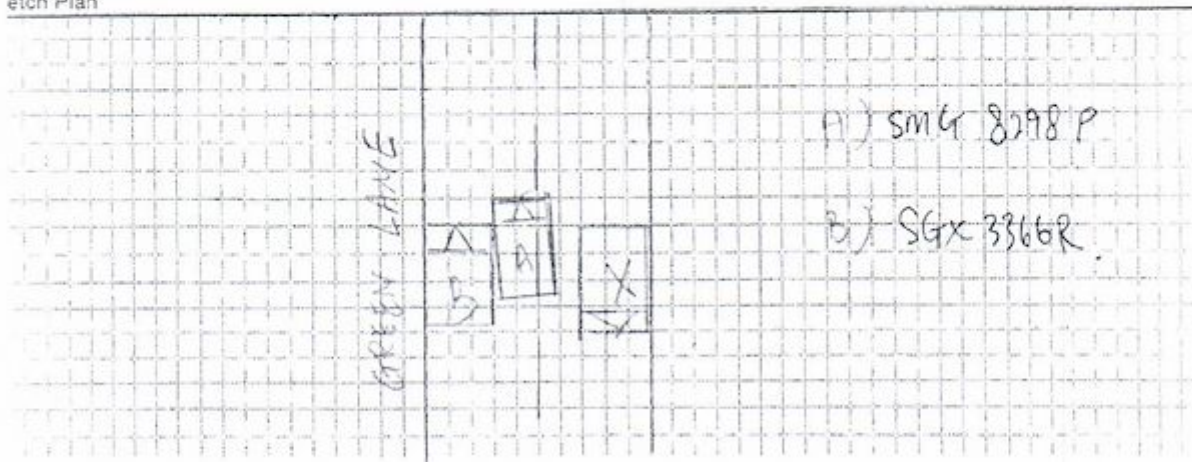
[Handwritten signature]

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

[Handwritten signature]
02/12/2024

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

Sketch Plan




Describe Circumstance of the Accident

ON 29/11/2024 AT ABOUT 13:45HRS I WAS DRIVING
ALONG GERRIN LANE, ONE SIDE GOT UNSTICK, I DROVE
VERY SLOW HOWEVER I ACCIDENTALLY BRUSH AGAIN.
A CAR GX3366 R WHICH PARK OPPOSITE HOUSE NUMBER
1E. SO I DID LEAVE A NOTE IN THE OWNER MAIL
BOX

Declaration

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

 
Policyholder's Signature / Date & Time


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


02/12/2024
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



























