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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.

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		ACCIDENT STATEMENT
	Date Of Report	03/01/2019 16:04
	Date Of Accident	03/01/2019 14:20
	Exact Location Of Accident	PIE / SLIP ROAD TO UPPER SERANGOON ROAD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	XD4420P
	Insured/Policyholder	
	Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
	Co Reg No	199904117E
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-96428062
	Alternative Phone No	OFFICE-96428062
	Vehicle Particulars	
	Manufacturer	ISUZU
	Model	CYZ52K
	Exact Purpose for which vehicle was being used at time of accident	WORK
	Are you claiming under your own insurance policy for repair to your vehicle?	NO
	If No, Please state action to be taken	REPORTING ONLY
	Vehicle Category	COMMERCIAL VEHICLE
	Insurance Company	
	Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
	Type Of Coverage	THIRD PARTY
	Fleet Policy	NO
	Policy Number	DMCVSN1801791800
	Cover Note Number	
	Driver	
	Name of Driver	BOOSE RAJAMAHENDRAN

Name of Driver BOOSE RAJAMAHENDRAN

Passport No/FIN G7157454M
Date Of Birth 31/05/1980
Occupation OUTDOOR
Date Of Driving Pass 23/09/2010

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96428062

Fax Number

Contact Number OTHERS-96428062

EMail Address NOEMAIL

KOK TONG CONSTRUCTION PTE LTD Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

YP1134K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

LOO KWONG FATT Name of Driver

S8463758J NRIC/Passport Number

Contact Number 91747821

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, 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)
 - (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 daims;
 - (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 liwyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signaturi

Date & Time

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pa

Name NRIC/FIN No.:

Sketch Plan #2

	SCHERMAN SLIP ROAD TO UPPER SERANGIOON &
P.I E	A-XD4420P
	B-YP 1134 K
	reliable A was driving from DIE / Slip Road
	fo upper Serangoun Road. BusxI change and cross to the lane and X2 stop and Villiale B also stop and Vehicle A was behind slow down and stop but move and hit on Vehicle B rear portion. Vehicle A front Left side head light and frame was damages badly.
	DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: Onver's Signature (If driver is not the policyholder) Name:

Sketch Plan #3



























































