

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 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 Submission 21/01/2022 16:24 (SGT)
Date of Accident 23/12/2019 16:50 (SGT)
Exact Location of Accident Scotts Rd, Singapore
Additional Location Information SCOTTS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ5408Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OAL BUILDERS PTE LTD
Company Reg No 197801295R
Email Address rajanh167@gmail.com
Mobile Phone No (Phone) +65-63467517
Alternative Phone No (Office) +65-63467517

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSN3039791900
Cover Note Number -

DRIVER

Name of Driver RAJAN AJMUL HASSAN
Passport No/FIN G2104276K

Date Of Birth	06/02/1987
Occupation	Outdoor
Date Of Driving Pass	11/03/2015
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88780151
Alt. Phone Number	-
Email Address	rajanh167@gmail.com
Address	3018 BEDOK NORTH ST. 5 #02-21
Address complement	-
Postcode	486132
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 - Major/Minor Rd
Weather Conditions	Raining
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

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

AFTER COMING OUT FROM THE SLIP ROAD, MY LORRY ENGINE STALL. SUDDENLY, AT THIS JUNCTURE SMB114R HAD COLLIDED ONTO MY LORRY GBJ5408Z'S REAR RIGHT PORTION. I COULD NOT REMEMBER THERE WERE HOW MANY PASSENGER INSIDE SMB114R AT THAT TIME.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB114R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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.



[Signature]

Policyholder's Signature / Date & Time

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

1425 hr 21/11/2022

Witnessed by Reporting Centre Personnel



[Signature]

Sketch Plan

[Sketch Plan area with grid lines and handwritten notes]

[Handwritten notes on the right side of the sketch plan area:]

Date: 23/12/2019
 Time: 1650 hr
 Place: Scotts Road.
 A: GBJ 5408 Z.
 B: SMB 114R

Describe Circumstances of the Accident

After coming out from the slip road, my lorry engine stall. Suddenly, at this juncture SMB 114 R had collided onto my lorry GBJ 5408 Z rear right portion. I could not remember there were how many passengers inside SMB 114 R at that time.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Rifa

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

Rifa

21/1/2022 1425hr.



Witnessed by Reporting Centre Personnel

















