

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 Report	18/03/2020 16:12
Date Of Accident	17/03/2020 18:25
Exact Location Of Accident	JUNCTION OF JURONG TOWN HALL RD/SCIENCE CENTRE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7695H
Insured/Policyholder	
Name Of Registered Owner	ARCSROBO PTE. LTD.
Co Reg No	2XXXXX002E
Email Address	ANG_CC@ARCSROBO.COM
Mobile Phone No	(LOCAL) +65-91598877
Alternative Phone No	OFFICE-67636261

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SMCVSN1829451901
Cover Note Number	

Driver

Name of Driver	HO YAM SIEN
NRIC No	SXXXX785J
Date Of Birth	06/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1989
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96170182
Fax Number	
Contact Number	OFFICE-65697442
EEmail Address	ANG_CC@ARCSROBO.COM

Address	BLK 218 JURONG EAST STREET 21 #08-567
Postcode	600218
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ZHENG HUA CONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHMENT

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	SLW2819D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARJUN GILL-SOMASUNDARAM
NRIC/Passport Number	SXXXX310H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
- (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.
- (e) the information so collected under (d) above may be shared / disclosed:
- (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 Signature
Date & Time: 18/3/20




Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/3/20


Reporting Centre Personnel's Signature
Name: Resh WAPPA
NRIC/FIN No.: 18103/2020

Accident Sketch Plan

SKETCH PLAN

REFER TO ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER ATTACH.

DECLARATION

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

Policyholder's Signature

Date & Time: 18/3/20



Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/3/20

Reporting Centre Personnel's Signature

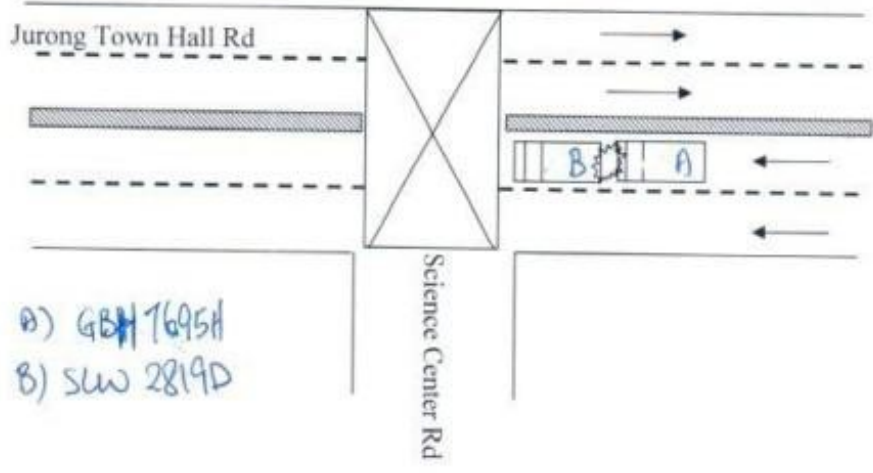
Name:

NRIC/FIN No.:

Res 2 WONG

18/03/2020

ATTACHMENT

DETAIL OF ACCIDENT	
 Jurong Town Hall Rd Science Center Rd A) GBH 7695H B) SLW 2819D	On 17 Mar 2020, 1826hrs, I, Ho Yam Sien, NRIC S1794785J was driving my company van (registered under ARCSRO PTE. LTD.), GBH7695H. I am travelling behind vehicle SLW2819D (driven by Mr Arjun Gill-Somasundaram NRIC No.: S9347310H). At the junction of Jurong Town Hall Road and Science Centre Road, the traffic lights turned amber and vehicle SLW2819D came to a complete halt. I am not able to stop in time and my van crashed into the rear of SLW2819D. There no are no injury to report. I enclosed a CD with in-van video and photos of the accident. For this case, both me and Mr Arjun Gill-Somasundaram agreed not to make any insurance claims on the damages of our vehicles.

Resd. Ho Yam Sien
18/03/2020

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

