

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 14/12/2020 15:25 (SGT)
Date of Accident 12/12/2020 09:00 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information EXIT 3C TOWARDS PASIR RIS DRIVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG5821D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNITE NEW ENERGY DEVELOPMENT PTE LTD
Company Reg No 2XXXXX209M
Email Address xdetox32@gmail.com
Mobile Phone No (Phone) +65-98111153
Alternative Phone No +65-98111153

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00077322003
Cover Note Number -

DRIVER

Name of Driver LIN ZHI ZHONG
Passport No/FIN GXXXX794K
Date Of Birth 05/01/1970
Occupation Outdoor

Date Of Driving Pass	04/05/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98111153
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	BLK 766 YISHUN AVENUE 3
Address complement	#06-295
Postcode	760766
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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 material 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

PLEASE REFER TO SKETCH PLAN

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	SLR7527P
Vehicle Manufacturer	Volkswagen
Vehicle Model	Jetta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MANTLE ANDREW GORDON
Passport No/FIN	GXXXX322K
Contact Number	(Phone) +65-85158223
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

- Please report promptly the details of the accident to your insurer.
- This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers to the Insurers at the GSA 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.
- By the lodgment 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 thereafter.
- 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 or use in this third party any other personal information provided by me or purchased 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 Ministry 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;
 - managing the accident and/or my claims;
 - for any and/or dealing with my instructions or responding to any enquiries by me;
 - administering my claims including the making of a compromise, statements, inquiries, 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 set the material cover of my claim(s) and/or;
 - complying with applicable law in administering, processing, handling and/or dealing with my claims including 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/are 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 used outside of Singapore, for one or more of the above Purposes.
 - 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.
 - The information so collected under (a) above may be shared if disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcement and government agencies as reasonably required for the purposes stated; or
 - for complying with requirements under any regulations, laws or court orders.

Date & Time: _____
 Date & Time: _____
 Date & Time: _____

SKETCH PLAN

Pass R/S Dr 8

A: GR 64 5221D
B: 56R7527P

TPE Exit 35

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stop stationary along TPE Exit 35. I was lane to Pass R/S Dr 8. Suddenly, vehicle B collided into the rear of my vehicle.

DECLARATION
(Use only for the following participants are true in every respect.)

Participant's Signature
Date & Time

Witness's Signature
(If all are from the participant's side)
Date & Time

Participant's Signature
Date & Time

Witness's Signature
(If all are from the participant's side)
Date & Time

















