

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 09/12/2020 14:57 (SGT)
Date of Accident 08/12/2020 17:50 (SGT)
Exact Location of Accident Bedok South Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA6400K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner D.T. TRANSPORTER
Company Reg No 5XXXX145B
Email Address dt_transporter@yahoo.com.sg
Mobile Phone No (Phone) +65-98322506
Alternative Phone No +65-98322506

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model TRANSPORTER 2.0 TDI AT 7EH137
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 DMCVSNW00026272009
Cover Note Number -

DRIVER

Name of Driver TAN YEOW SIANG
NRIC No SXXXX588E
Date Of Birth 24/05/1974
Occupation Outdoor

Date Of Driving Pass	16/01/2003
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98322506
Alt. Phone Number	-
Email Address	dt_transporter@yahoo.com.sg
Address	BLK 30 #30-332
Address complement	GHIM MOH LINK
Postcode	272030
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	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 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	SKZ9963U
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAVID LEE
NRIC No	SXXXX711J
Contact Number	(Phone) +65-91550104
Address	-
Address complement	-
Postcode	-

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

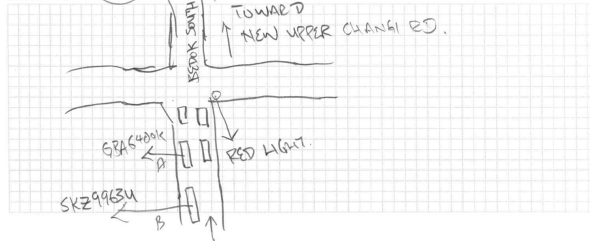
SKETCH PLAN

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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.

Policyholder's Signature / Date & Time _____ Driver's Signature (If driver is not the policyholder) / Date & Time _____
Witnessed by Reporting Centre Personnel _____

Sketch Plan



Describe Circumstances of the Accident

IT IS A WET ROAD AFTER A RAINING DAY.
I WAS TRAVELING TOWARD NEW UPPER CHANG RD.
FROM REDOK SOUTH AVE 3. I WAS STATIONARY POSITION
AS IT IS RED LIGHT AND WAITING FOR THE TRAFFIC
LIGHT TO TURN GREEN. AS I WAS WAITING I CHECK
MY BLIND SPOT AND REAR VIEW MIRROR I NOTICE
A WHITE CAR SKZ 9963U WAS HAVING HIGH BEAM ON
AND THERE IS NO SIGHT OF THE CAR SLOWING DOWN.
AS WHEN SEEING THIS HAPPENING I PREPARE MYSELF FOR
A BACK COLLISION FROM SKZ 9963U. I HAVE CHECK WITH
THE DRIVER OF SKZ 9963U WHETHER HE ANY INJURY AND
HE IS PERFECTLY FINE. SO WE PROCEED WITH EXCHANGE
OF DETAILS.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 09/12/20
1117HRS.

Driver's Signature (if driver is not the policyholder) / Date
& Time 09/12/20 1117HRS.

Witnessed by Reporting Centre
Personnel



















