

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 05/01/2021 15:36 (SGT)
Date of Accident 05/01/2021 09:10 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE SLIP RD TWDS JALAN BAHAR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG7271C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JENLAT LANDSCAPE PTE LTD
Company Reg No 2XXXXX116W
Email Address jenlatlandscape@gmail.com
Mobile Phone No (Phone) +65-67939886
Alternative Phone No +65-67939886

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 DMCVSNW00099222003
Cover Note Number -

DRIVER

Name of Driver CHRISTOPHER BENDICT PAUL
NRIC No SXXXX158C
Date Of Birth 06/10/1967
Occupation Indoor

Date Of Driving Pass	21/03/2005
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91451752
Alt. Phone Number	-
Email Address	jenlatlandscape@gmail.com
Address	BLK 938 JURONG WEST ST 91
Address complement	#10-401
Postcode	640938
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SGU1763G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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.

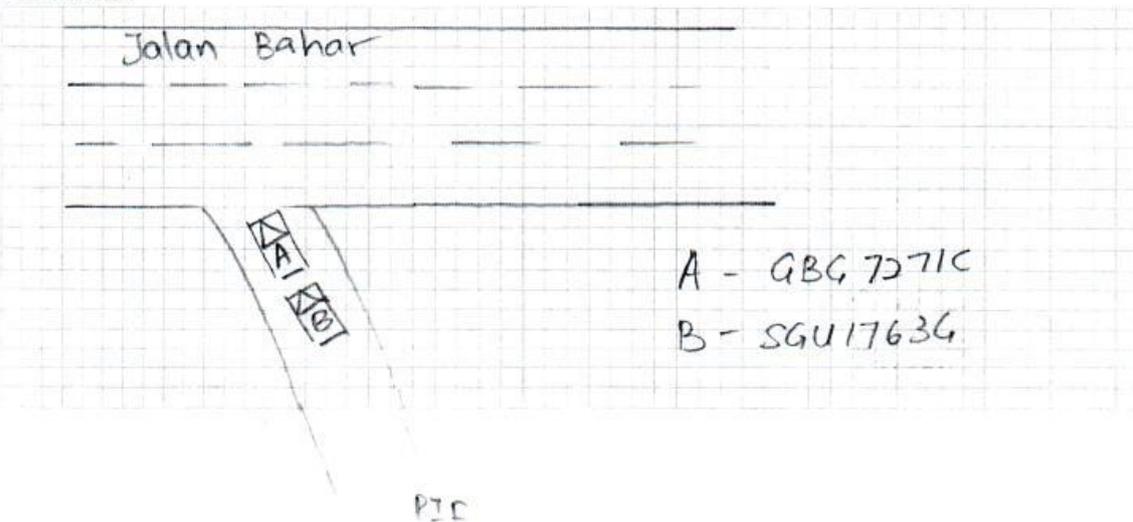


Policyholder's Signature / Date & Time

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

[Signature] 05/01/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I parked PIE to go to jalan Bahas and waiting at the whelp road at jalan Bahas car number SGU 1763 G1 come and Bang from behind.

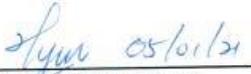
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN092115000D Vehicle Registration No: GB67271C
 Name (as shown in NRIC) : CHRISTOPHER BENDIG PAUL NRIC/FIN/Passport No : SXXXX158C
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 938 JURONG WEST ST 91 #10 - 401 Singapore (640928)
 Contact (Tel) : _____ Mobile No. : 91451752
 Email Address : _____
 Date of Accident : 05/01/21 Time of Accident : 09:10
 Place of Accident : PTE SLIP RD TWAS JALAN BAHAR
 Insurance Company : CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICY NO

Policyholder / Driver's Signature
 Date:

Sign 05/01/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: