

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 15:46 (SGT)
Date of Accident 04/01/2021 13:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information Cross Junction (Yishun Ave 1 & Sembawang Rd)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7060A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TECK HENG LANDSCAPE AND CONSTRUCTION PTE LTD
Company Reg No 201014981K
Email Address admin@teckhenglandscape.com.sg
Mobile Phone No (Phone) +65-66672628
Alternative Phone No (Office) +65-66672628

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85UH5A
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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00050622001
Cover Note Number 25/07/20 - 24/07/21

DRIVER

Name of Driver NARAYANASAMY HITLER
Passport No/FIN F8273530P
Date Of Birth 20/03/1978
Occupation Outdoor

Date Of Driving Pass	11/10/2008
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81504150
Alt. Phone Number	-
Email Address	admin@teckhenglandscape.com.sg
Address	-
Address complement	-
Postcode	-
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	Side Swipe
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

X

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	SLW4961L
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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- Consent under the Personal Data Protection Act (PDPA)**
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 claim including the settlement of the claim and any necessary investigations relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claim (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 claim.
(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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1. VEHICLE NO.: YP 1960A
2. INSURER CO.: China Taipei
3. ACCIDENT DATE & TIME: 4/1/21 1:15pm

Policyholder's Signature / Date & Time: _____
Driver's Signature (If driver is not the policyholder) / Date & Time: Hilton
Witnessed by Reporting Centre Personnel: (YS) 000 51121

Sketch Plan

PLEASE
TURN
OVER

SKETCH PLAN

Mander Ave

Nishun Ave 1

A: YP7060A

B: 5LW4961L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: China Taiping Veh No: YP7060A Date: 4/1/21 1:15pm

I was turning from Nishun Ave 1 (Lane 2) and I heard horn from 5LW4961L on my right which was approaching from Lane 1 of Nishun Ave 1. Both our vehicle stop at zombawang road. 5LW4961L driver said my vehicle hit onto his car.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature: *[Signature]* Driver's Signature: *[Signature]* Reporting Centre Personnel's Signature: *[Signature]*

Date & Time: Date & Time: Name: NRIC/PIN No.: 2

() Claim Own Policy () Claim Third Party (✓) Reporting Only

() Claim OD/TP at other workshop ()

Date: 05/01/21


To: Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Harnyasaamy H-tier
 NRIC/FIN ES273530P, our employee / employee of Teck Heng
Landscape & Construction Pte Ltd to drive our m/vehicle no. YP7060A
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting
 Only) which occurred on (date) 01/01 @ (time) 1.15 pm
 along (location) Cross Junction (Yishun Ave 1 & Sembawang Rd)

* Relationship between Insured and driver's company: —

Thank you.

Regards,

X C. H. Harnyasaamy 

* SIGN & STAMP at the above *

Name of Owner: —

NRIC / ROC: 201014981E

Contact No: 9650212

Email: adm@teckhenglandscape.com.sg

TECK HENG LANDSCAPE & CONSTRUCTION PTE LTD
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