

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 06/01/2021 12:50 (SGT)
Date of Accident 05/01/2021 10:20 (SGT)
Exact Location of Accident 1 Business Park Drive, Singapore 608506
Additional Location Information Ulu Pandan Depot Loading Area
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN3546C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SBS TRANSIT LTD
Company Reg No 199206653M
Email Address yeowr@sbstransit.com.sg
Mobile Phone No (Phone) +65-99999999
Alternative Phone No (Office) +65-68676266

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr85aue4aa
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? Yes
Vehicle Category Goods vehicle

INSURANCE COMPANY

Name of Insurance Company First Capital
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-20095512MFCV/30
Cover Note Number -

DRIVER

Name of Driver TAN CHENG KOK
NRIC No S1192491C
Date Of Birth 31/10/1956
Occupation Outdoor

Date Of Driving Pass	09/02/1981
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94313815
Alt. Phone Number	-
Email Address	tanchengkok325@gmail.com
Address	20 EASTWOOD ROAD #04-08
Address complement	-
Postcode	486442
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	Collided into Parked Vehicle
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

I, Tan Cheng Kok attached to SL Ctrl Warehse. My work cope is to delivery goods. On 05/01/2021 I drove Company truck YN3546C left SLD twds UPD. I then parked said truck at UPD W/shop loading area for unloading the goods. And aft unloading the goods, I went to canteen to buy foods. Aft that I was on the way to said truck & prepared to leave UPD twds BBD. When I was on the way I could not see there was m/veh stopping behind said truck . I boarded said truck & bef I reversed I did make a checked at bothside v/m & I could not see any m/veh behind my bus, so I started to reverse then followed by I heard sound came from the rear of said truck , I drive forwarded & I still did not see any m/veh behind said truck. So I tried 2nd time reversing at the slanting way then I looked out from side window then I noticed there was a white m/car at the rear of said truck. I stopped & alighted to check. At abt 6 mins then I saw m/car SMR6006X driver F/Ch came to the scene. We exchange particulars & I contact my office.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR6006X
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver	LIM JAN NI
NRIC No	S8071831D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT BUMPER DISLODGE, BONNET COVER DENTED, LOGO DAMAGED
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

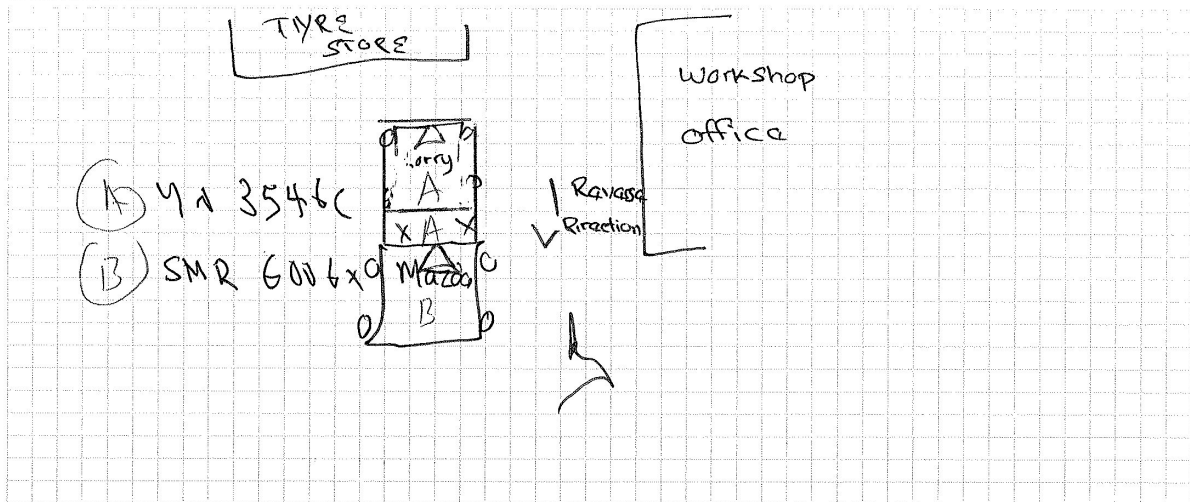
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report to GIA

DECLARATION

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

 06/12/2021
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/1/2021

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: