

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 15/01/2021 12:06 (SGT)
Date of Accident 22/12/2020 18:30 (SGT)
Exact Location of Accident 2 Ang Mo Kio Dr, Singapore 567720
Additional Location Information ITE COLLEGE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD9218A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SING LIAN CRANES PTE. LTD.
Company Reg No 2XXXXX107C
Email Address contact@singlian.com.sg
Mobile Phone No (Phone) +65-65091669
Alternative Phone No (Office) +65-65091669

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Cyh52t
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 Lonpac
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z20VC05005299
Cover Note Number -

DRIVER

Name of Driver TOH CHYE ENG
NRIC No SXXXX546D
Date Of Birth 28/10/1960
Occupation Outdoor

Date Of Driving Pass	08/06/1992
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96747188
Alt. Phone Number	-
Email Address	contact@singlian.com.sg
Address	BLK 167 HOUGANG AVE 1
Address complement	#07-1564
Postcode	530167
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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

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

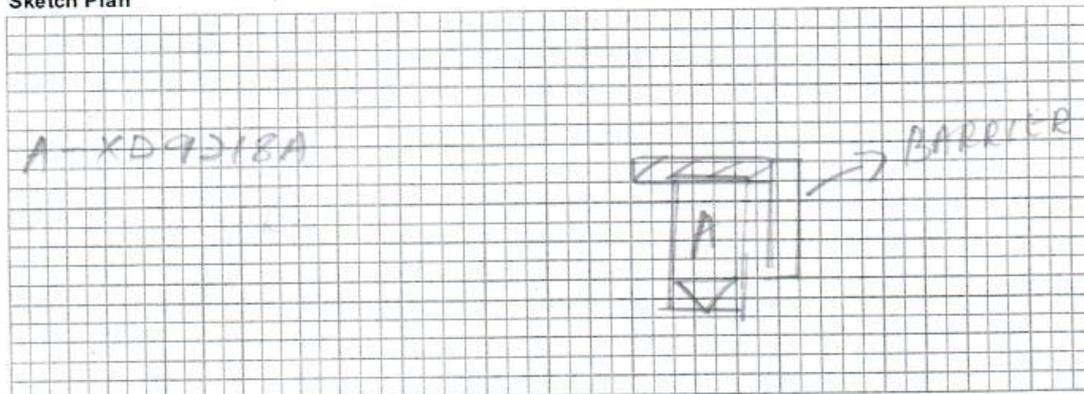
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Handwritten Signature] 15/1/21

[Handwritten Signature] 15/1/21

Sketch Plan



Describe Circumstances of the Accident

I was exiting my veh from ITE ANG MO KIO.
when the barrier open, I drove out but when
the barrier close it hit my rear portion of
my veh.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

15/1/21

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

shya 15/01/21

Witnessed by Reporting Centre Personnel











