

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 18/01/2021 19:07 (SGT)
Date of Accident 16/01/2021 12:15 (SGT)
Exact Location of Accident Beach Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW8889X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YSP INDUSTRIAL PTE LTD
Company Reg No 1XXXXX255K
Email Address khyeo@yspind.com.sg
Mobile Phone No (Phone) +65-67532408
Alternative Phone No (Office) +65-67532408

VEHICLE PARTICULARS

Manufacturer Kia
Model K2500 6MT
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 DMCVSNW00039372001
Cover Note Number -

DRIVER

Name of Driver YEO KEE HIANG
NRIC No SXXXX700J
Date Of Birth 29/09/1963
Occupation Outdoor

Date Of Driving Pass	08/02/1992
Driving experience	28 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90292595
Alt. Phone Number	-
Email Address	khyeo@yspind.com.sg
Address	BLK 968 HOUGANG AVE 9
Address complement	#12-616
Postcode	530968
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	OHID
Gender	Male

PASSENGER 2

Name	SARAVNA
Gender	Male

PASSENGER 3

Name	AZIZUL
Gender	Male

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	SKX1668K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94552349
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.
- (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.

鴻泰隆工業私人有限公司
Y S P INDUSTRIAL PTE LTD
 BLK 1025 YISHUN INDUSTRIAL PARK A
 #01-17 SINGAPORE 768762
 TEL: 6759 5386 FAX: 6752 4483

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 18/01/2021

4.08pm

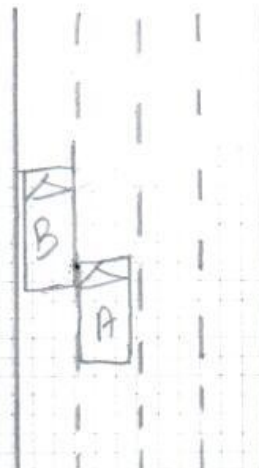
Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GIA RMC SketchPlanForm_V3

SKETCH PLAN

Vehicle A: GW8889X
B: SKX1668K

BEACH ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/1/2021 at about 12.15pm, whilst travelling straight along Beach Road on the third lane, I checked on the blind spot and it was cleared. I prepared to hit to last lane. Out of sudden, vehicle B (SKX1668K) suddenly came from the left and hit into the front left of my vehicle A (GW8889X).

DECLARATION

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

楊秀坡工業私人有限公司
Y S P INDUSTRIAL PTE LTD
BLK 1023 YISHUN INDUSTRIAL PARK A
#01-17 SINGAPORE 768762
TEL: 6759 5386 FAX: 6752 4483
GIARMIC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/1/2021

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

4.08PM













