

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 04/02/2021 14:04 (SGT)
Date of Accident 03/02/2021 17:24 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS CHANGI NEAR EUNOS EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK67B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HUPFARRI ENTERPRISE PTE LTD
Company Reg No 200619523R
Email Address OURVIP888@GMAIL.COM
Mobile Phone No (Phone) +65-81687489
Alternative Phone No +65-81687489

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Goods vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00023322001
Cover Note Number -

DRIVER

Name of Driver CHAN PENG KUAN
NRIC No S1266250E
Date Of Birth 27/03/1957
Occupation Outdoor

Date Of Driving Pass	25/01/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81687489
Alt. Phone Number	-
Email Address	OURVIP888@GMAIL.COM
Address	BLK 230B TAMPINES STREET 24 #03-35
Address complement	-
Postcode	525230
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ELANGOVEN MOORTHY
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

AS PER SKETCH PLAN ATTACHED.

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	GBE4426D
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	MR YEO
Contact Number	(Phone) +65-85754133

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GV7699P
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	SALLEH
Contact Number	(Phone) +65-90263707
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMV1369K
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	S7130981I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

On the date of time I was travelling straight on P16 Toward Changi near Eunos exit. Traffic was heavy. Infront van slow down n stop. I also slow down n stop behind the van.

All of sudden, A lorry G1E 4426D came from my behind and bang onto the rear of my lorry. The impact was so hard that my lorry was push forward and bang onto the rear of the van.

I came down n opened, take some photo. My passenger & I both felt pain on our back.



You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

- | |
|-------------------------------|
| Reporting Only |
| Claim OD |
| Claim TP |
| Claim OD/TP at other workshop |

Declaration

We declare the foregoing particulars are true in every respect.

HUPFARRI ENTERPRISE PTE LTD
15 UBI CRESCENT
SINGAPORE 408575

OK

4/2/2021



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12/05

Signature

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.

HUPFARRI ENTERPRISE PTE LTD
15 UBI CRESCENT
SINGAPORE 408575

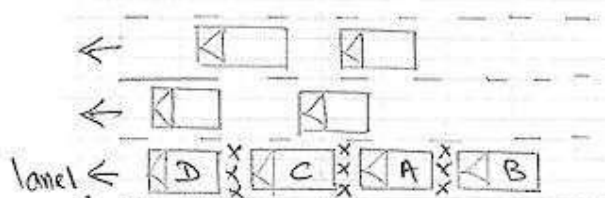
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE Towards changi near Eunos exit.



A - RBK 67B

B - GBE 4426D

C - GV T699P

D - BMV 1369K

Date - 3.1.2021

Time - 5.24pm

Road - clear & Dry.