

# 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 ..... 05/04/2021 16:03 (SGT)  
Date of Accident ..... 08/03/2021 13:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 126, LOR 1 TOA PAYOH OPEN SPACE CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP6596C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... METAQUIP TC INDUSTRIAL PTE LTD  
Company Reg No ..... 199305621Z  
Email Address ..... jonathan\_goh@tanchong.com  
Mobile Phone No ..... (Phone) +65-87775119  
Alternative Phone No ..... (Office) +65-62653666

### VEHICLE PARTICULARS

Manufacturer ..... JAC  
Model ..... LORRY  
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  
Transmission ..... Manual  
CC ..... 2776

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 999993682/100835414-00000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN HA CHYE  
NRIC No ..... S2017617B

|                                                                    |                                        |
|--------------------------------------------------------------------|----------------------------------------|
| Date Of Birth .....                                                | 16/09/1952                             |
| Occupation .....                                                   | Outdoor                                |
| Date Of Driving Pass .....                                         | 29/12/1977                             |
| Driving experience .....                                           | 43 YEARS AND 3 MONTHS                  |
| Gender .....                                                       | Male                                   |
| Mobile Number .....                                                | (Phone) +65-93293343                   |
| Alt. Phone Number .....                                            | -                                      |
| Email Address .....                                                | jonathan_goh@tanchong.com              |
| Address .....                                                      | APT BLK 570B, WOODLANDS AVE 1, #09-866 |
| Address complement .....                                           | -                                      |
| Postcode .....                                                     | 732570                                 |
| Is the driver the policyholder? .....                              | No                                     |
| If No, Relationship of the Driver with the Insured .....           | Other                                  |
| 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

#### REFER TO 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 ..... | SGS5856G    |
| 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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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.
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.

*Signature* 8/4/21

Policyholder's Signature / Date & Time



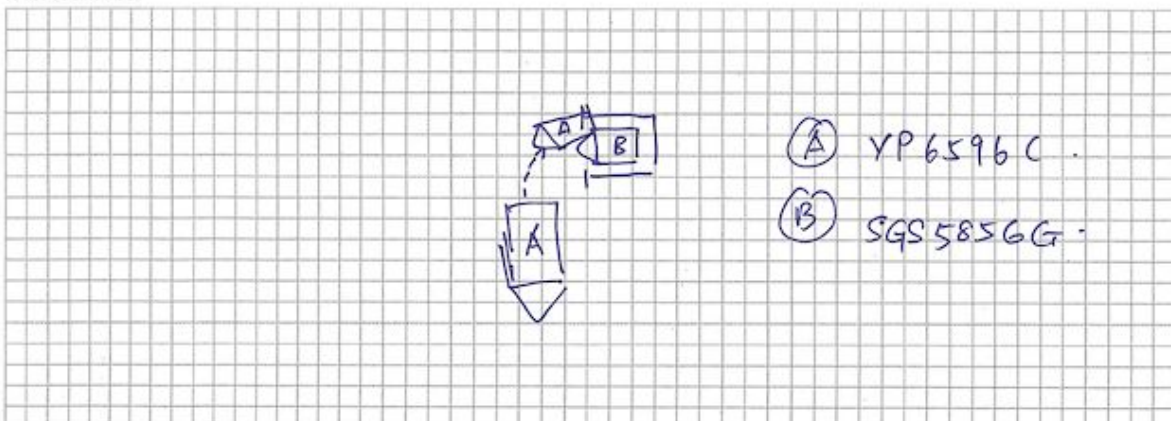
H/p: 9329 3343

TC AutoClinic Pte Ltd  
1 SOUTH LOK YANG ROAD  
SINGAPORE 628099  
TEL: 6262 2212  
FAX: 6262 3892

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

At the above time and date.

My vehicle reversed and hit onto the right side portion of vehicle B.

We had wanted to do a private settlement and had also given the owner of vehicle B a \$100 for deposit.

Declaration

We declare the foregoing particulars are true in every respect.

 5/4/21

Policyholder's Signature / Date & Time



H/P: 9329 3343

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

TC AutoClinic Pte Ltd  
1 SIXTH LOK YANG ROAD  
SINGAPORE 628099  
TEL: 6262 2212  
FAX: 6262 3892

Witnessed by Reporting Centre Personnel



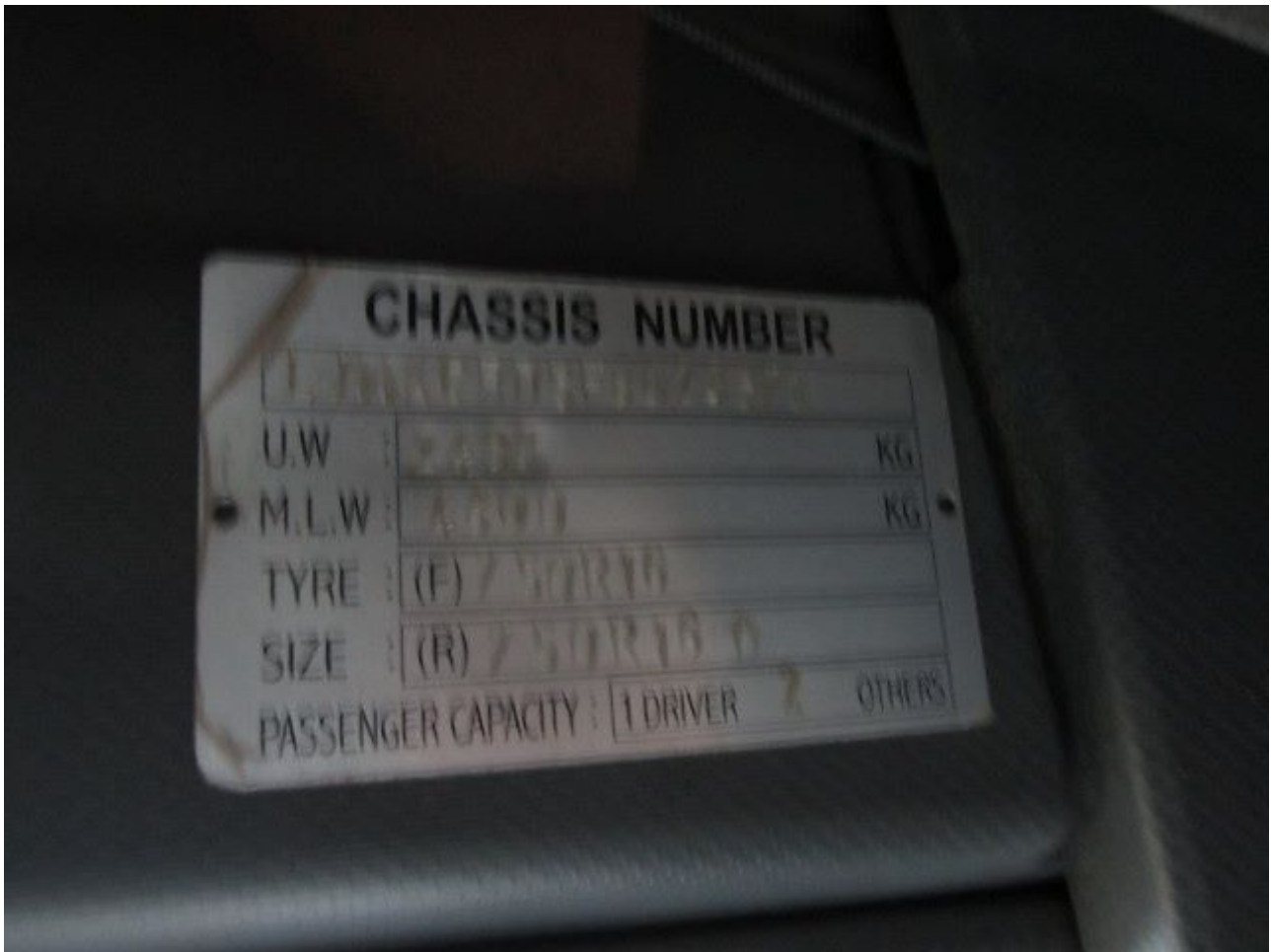
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: ST0Y21450003 Vehicle Registration No: YP6596C  
 Name (as shown in NRIC): Metuquip Te Industrial Pte Ltd NRIC/FIN/Passport No: 199305621  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 911 Bukit Timah Road Singapore (8962)  
 Contact (Tel): 62653666 Mobile No.: 87775119  
 Email Address: Jonathan\_goh@tandem.com  
 Date of Accident: 8/3/2021 Time of Accident: 1330 hrs  
 Place of Accident: Blk 126, Lor 1 Toa Payoh Open Space Carpark  
 Insurance Company: A2G Asia Pacific Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- (1) vehicle A should be YP6596C instead of YP6593C
- (2) mobile No should be 87775119 instead of 7775119

TC AutoClinic Pte Ltd  
 1 SIXTH LOK YANG ROAD  
 SINGAPORE 628088  
 TEL: 6282 2212  
 FAX: 6282 3892

Policyholder / Driver's Signature  
 Date:

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

