

# 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 ..... 29/03/2021 18:47 (SGT)  
Date of Accident ..... 26/03/2021 17:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Victoria St Turning Right Towards Jln Sultan  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG7071M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... METFORM INDUSTRIES PTE LTD  
Company Reg No ..... 1XXXXX136R  
Email Address ..... wytan@metform.com.sg  
Mobile Phone No ..... (Phone) +65-67572822  
Alternative Phone No ..... (Office) +65-67572822

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00089892000  
Cover Note Number ..... 29/09/20 - 28/09/21

### DRIVER

Name of Driver ..... MUTHUSAMY DEVENDRAN  
Passport No/FIN ..... GXXXX397W

Date Of Birth ..... 04/06/1989  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 13/09/2012  
 Driving experience ..... 8 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96367029  
 Alt. Phone Number ..... -  
 Email Address ..... wytan@metform.com.sg  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 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 ..... Collision - Head to Rear  
 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

2nd turning lane I stop immediately to avoid walking passenger. Behind private car did not stop in time and hit my lorry back. No injury on both party.

#### 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 | ..... SMR2031Z             |
| Vehicle Manufacturer        | ..... -                    |
| Vehicle Model               | ..... -                    |
| Vehicle Variant             | ..... -                    |
| Vehicle Colour              | ..... -                    |
| Vehicle Category            | ..... Private car          |
| Name of Driver              | ..... WAN ZHONG HAO        |
| NRIC No                     | ..... SXXXX793J            |
| Contact Number              | ..... (Phone) +65-98180605 |

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

981P0665

SKETCH PLAN1. VEHICLE NO.: GBG 7071M2. INSURER CO: CHINA TAIPING3. ACCIDENT DATE & TIME: 26/3/21 5:25 P.M.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. The 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.
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/be 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/be 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 &amp; Time

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

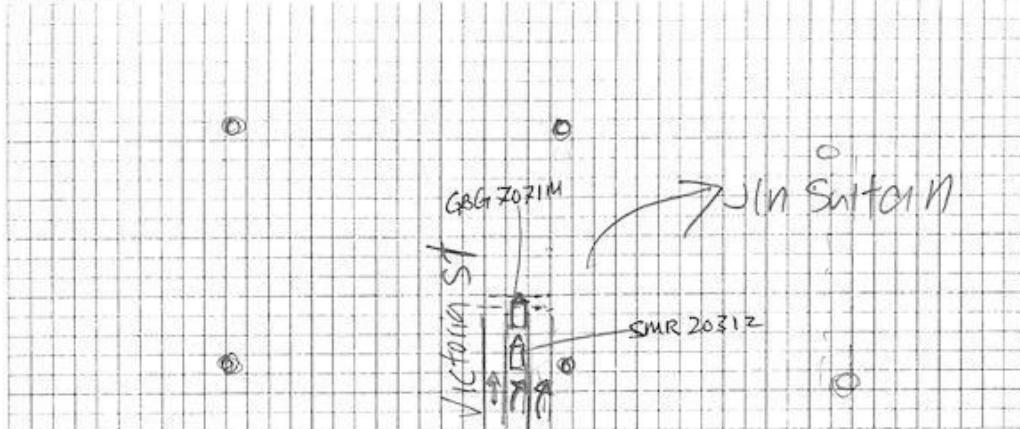
(w/w) arg 29/3/21  
Witnessed by Reporting Centre Personnel

## Sketch Plan

PLEASE  
TURN  
OVER



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2nd turning lane I stop immediately to avoid walking passenger. BEHIND private car did not stop in time and hit my lorry back.

No injury on both party.

→ Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

M. Sath 29/03/2021  
Driver's Signature  
(If driver is not the policyholder)

(WL) org 29/3/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Claim Own Policy  Claim Third Party  Reporting Only  
 Claim OD/TP at other workshop (\_\_\_\_\_)