

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	13/04/2021 10:35 (SGT)
Date of Accident	12/04/2021 10:03 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS (NEAR EXIT 35)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7036K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE SUN RISE CONSTRUCTION PTE LTD
Company Reg No	2XXXXX696N
Email Address	lizzy.xing@hnftsg.com
Mobile Phone No	(Phone) +65-96952503
Alternative Phone No	+65-96952503

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	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MCV0005192
Cover Note Number	-

DRIVER

Name of Driver	CHEN GUOQUAN
Passport No/FIN	GXXXX842K

Date Of Birth	29/03/1970
Occupation	Outdoor
Date Of Driving Pass	31/01/2018
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96952503
Alt. Phone Number	-
Email Address	lizzy.xing@hnftsg.com
Address	10 UBI CRESCENT #06-73
Address complement	-
Postcode	408564
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	3
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

ON 12/04/2021 AROUND 10.03AM, I WAS DRIVING ALONG PIE TOWARDS TUAS (NEAR EXIT 35). THERE WA A CLEAR WEATHER AND DRY ROAD CONDITION. THERE WAS HEAVY TRAFFIC. MY VEHICLE WAS SLOW AND SUDDENLY, HIT BY VEHICLE B AND C.

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	YN6033X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAOU
Contact Number	(Phone) +65-90081925

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD2668E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to your insurance company.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any untrue information or wilful falsification of material facts may allow that insurance company to repudiate policy liability.
4. The issue and acceptance of this Motor Insurance Compensation is not an indication 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 their copies of this report will also be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and consents to the report being made available as 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 store my personal data/personal information (referred to as (broad) and any other personal information recorded 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 and/or(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers, Insurer/Insurers, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purpose,) 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 motor insurance business, or any necessary legal action;
 - (iv) adjusting my claims (including the settling of my insurance claims, claims, amounts, costs or expenses payable which could involve disclosure or transfer of personal data) and/or my claim about damage to the vehicle as well as the content of my car insurance policy;
 - (v) complying with applicable laws, regulations, procedures, including judicial proceeding and/or claims (whether started by Insurers);
 - (b) My insurer(s) who have insured and/or(s) involved in my accident and the insurers/Insurers may/are permitted to collect, use, disclose and/or store my personal data/personal information for any or more of the above purposes; and
 - (c) My personal information may/are be disclosed by any of the Insurers/Insurers to or by a third party, where permitted by applicable law, for any or more of the above purposes, which may be disclosed to the agents, Insurers, Insurer/Insurers, the Monetary Authority of Singapore and any relevant government agency/authority.
 - (d) My personal information will also be stored and/or used by the Insurers/Insurers for the purpose of the investigation and management of my personal data, for the purpose of
 - (i) investigation, handling and/or dealing with my claims, including the settling 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 motor insurance business, or any necessary legal action;
 - (iv) adjusting my claims (including the settling of my insurance claims, claims, amounts, costs or expenses payable which could involve disclosure or transfer of personal data) and/or my claim about damage to the vehicle as well as the content of my car insurance policy;
 - (v) complying with applicable laws, regulations, procedures, including judicial proceeding and/or claims (whether started by Insurers);

[Signature]
12/04/2021

Signature of the
Policyholder

Signature of the
Authorized Driver

Date

Signature of the
Insurer

Date

PROVIDED

P/E TOWARDS TUNIS (NEAR EXIT 35)



PS- BIRK (RELATIONSHIP TO THE ACCIDENT)

On 10/04/2021 around 10:03am, I was driving along P/E Towards Tunis (near Exit 35), there was a clear weather and dry road condition. There was heavy traffic, my vehicle was slow and suddenly hit by vehicle B and C.

1 - 2/1 - 10/04/2021