

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 15/04/2021 11:08 (SGT)
Date of Accident 14/04/2021 14:30 (SGT)
Exact Location of Accident Jln Masjid, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB3866P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ANG LIM CHUA CONSTRUCTION & CIVIL ENGINEERING PTE LTD
Company Reg No 1XXXXX499H
Email Address DOREENTMF69@GMAIL.COM
Mobile Phone No (Phone) +65-91090743
Alternative Phone No +65-91090743

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model L200
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 Auto
CC 2477

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119617421
Cover Note Number 02/11/2020 - 01/11/2021

DRIVER

Name of Driver ANG SOON HUAT

NRIC No	SXXXX638H
Date Of Birth	13/06/1960
Occupation	Outdoor
Date Of Driving Pass	24/10/2018
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91090743
Alt. Phone Number	-
Email Address	ANGLIMCHUA_1996@HOTMAIL.COM
Address	351 TAMPINES STREET 33 #02-472
Address complement	-
Postcode	520351
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAMY
Gender	Male

PASSENGER 2

Name	BEBI
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

ON THE STATED DATE AND TIME, I WAS STOPPED STATIONARY AT THE TRAFFIC LIGHT OF JALAN MASJID TOWARDS CHANGI ROAD AS THE TRAFFIC LIGHT WAS RED. SUDDENLY I FELT A JERK FROM MY REAR, VEHICLE B (GBK3347Z) CAME FROM MY REAR AND HAS COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. I CAME DOWN AND TOOK SOME PHOTOS AND EXCHANGE PARTICULARS.

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	GBK3347Z
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
-	YAZID
Contact Number	(Phone) +65-90671659
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

洪林華機械及土木工程私人有限公司
ANG LIM CHUA CONSTRUCTION
& CIVIL ENGINEERING PTE LTD
NO. 51 ARSON ROAD,
#01-03, ARSON CENTRE
SINGAPORE 078904

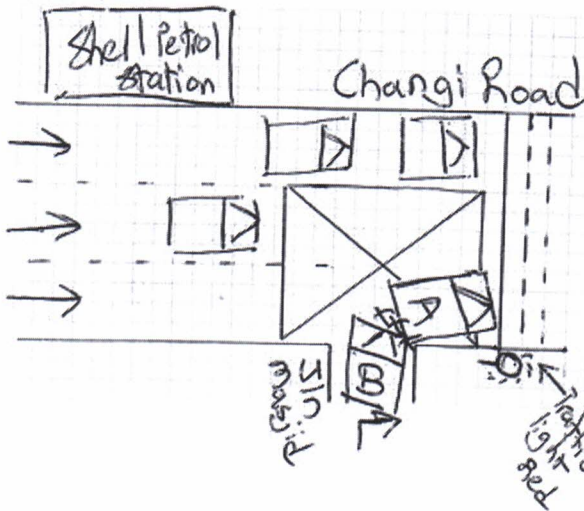


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Date : 2:30 pm
&
Time 14/4/2021
Veh A : GBB3866 T
Veh B : GBK 3347 Z
Location : Jln Majid towards
Changi Rd Traffic light
Weather : Clear
Road : Dry

Describe Circumstances of the Accident

On the stated date & time, I was stopped stationary at the traffic light at Jln Majid toward Changi Rd as the traffic light was red.

Suddenly, I felt a jerk from my rear, Veh B, GBK 3347 Z, came from my rear & has collided onto the rear portion of my vehicle.

I came down, took some photos & exchange particulars.

Veh A: GBB 3866T
Passengers: 2

Veh B: GBK 3347 Z
Name: Yazid
Phone: 9067 1659
Passengers: 0

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.

ANG LIM CHUA CONSTRUCTION
& CIVIL ENGINEERING PTE LTD
NO. 51 ANSON ROAD,
#01-01, ANSON CENTRE
SINGAPORE 079904

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 14 Apr 2021 / 14:30:00)

Vehicle Insurance Details

Vehicle No.:

GBK3347Z

Make Description/Model:

TOYOTA / HIACE DX 2.8 AUTO

Insurance Company Name:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Business Transaction Reference No.:

20210415112629550008

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

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