

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 14/04/2021 18:28 (SGT)
Date of Accident 14/04/2021 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF WOODLANDS AVE 9/ AVE 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ5947J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner G-TECH METAL PTE LTD
Company Reg No 2XXXXX129H
Email Address shannon@g-tech.com.sg
Mobile Phone No (Phone) +65-63697205
Alternative Phone No (Office) +65-63697205

VEHICLE PARTICULARS

Manufacturer Nissan
Model NV200 DX 1.6 AUTO
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 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00041852001
Cover Note Number 12/6/20-11/6/21

DRIVER

Name of Driver MEYYAPPAN SELVARAJ
Passport No/FIN FXXX644K

Date Of Birth 20/05/1971
 Occupation Outdoor
 Date Of Driving Pass 26/12/2001
 Driving experience 19 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98307580
 Alt. Phone Number -
 Email Address shannon@g-tech.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

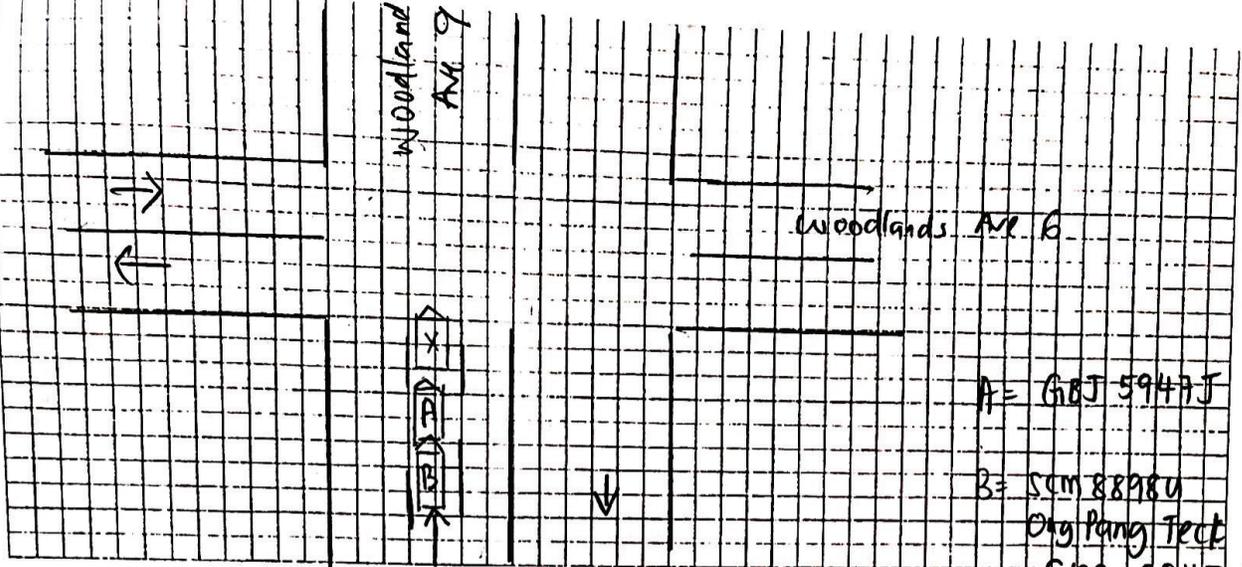
MY VEHICLE WAS STATIONARY BEHIND AN UNKNOWN VEHICLE AS TRAFFIC LIGHT WAS RED. OUT OF SUDDEN, I FELT AN IMPACT ON MY REAR. I THEN REALIZED M/CAR(B) HAD COLLIDED ONTO MY VAN. BOTH DRIVERS ALIGHTED TO CHECK. THE DRIVER OF M/CAR(B) APOLOGIZED. WE THEN EXCHANGED PARTICULARS. BOTH VEHICLES HAVE NO PASSENGERS AND NO ONE WAS INJURED. CLEAR & DRY WEATHER CONDITION.

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 SCM8898U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver ONG PANG TECK
 NRIC No SXXXX604I



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 14/4/21 Time: 3:30pm
 My vehicle was stationary behind an unknown vehicle as traffic light was red. Out of sudden, I felt an impact on my rear - I then realized m/car CB had collided onto my van.
 Both drivers alighted to check - The driver of m/car CB apologized - We then exchanged particulars.
 Both vehicles have no passengers and no one was injured.
 Clear & dry weather condition.

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:

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

Reporting Centre Personnel's Signature
Name: Speeda (45)
NRIC/FIN No.:

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