

# 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 ..... 30/06/2021 18:13 (SGT)  
Date of Accident ..... 27/03/2021 18:06 (SGT)  
Exact Location of Accident ..... Sembawang Way, Singapore  
Additional Location Information ..... SEMBAWANG WAY NEAR ZEBRA CROSSING OUTSIDE BLK 355 NTUC  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK6183J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FLUX MOTOR RENTAL PTE LTD  
Company Reg No ..... 201925858C  
Email Address ..... XAVIER@FLUX.COM.SG  
Mobile Phone No ..... (Phone) +65-90093214  
Alternative Phone No ..... (Office) +65-90093214

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNA00087012000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LINGIESHWARAN S/O ASHOKAN

|                                                                    |                                            |
|--------------------------------------------------------------------|--------------------------------------------|
| NRIC No .....                                                      | S9922515G                                  |
| Date Of Birth .....                                                | 08/07/1999                                 |
| Occupation .....                                                   | Outdoor                                    |
| Date Of Driving Pass .....                                         | 12/03/2018                                 |
| Driving experience .....                                           | 3 YEARS                                    |
| Gender .....                                                       | Male                                       |
| Mobile Number .....                                                | (Phone) +65-88173846                       |
| Alt. Phone Number .....                                            | -                                          |
| Email Address .....                                                | XAVIER@FLUX.COM.SG                         |
| Address .....                                                      | BLK 602 YISHUN STREET 61 #06-363 SINGAPORE |
| Address complement .....                                           | -                                          |
| Postcode .....                                                     | 760602                                     |
| Is the driver the policyholder? .....                              | No                                         |
| If No, Relationship of the Driver with the Insured .....           | Hirer                                      |
| 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 vehicle 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

PLEASE REFER TO THE SKETCH PLAN.

#### ATTACHMENT(S)

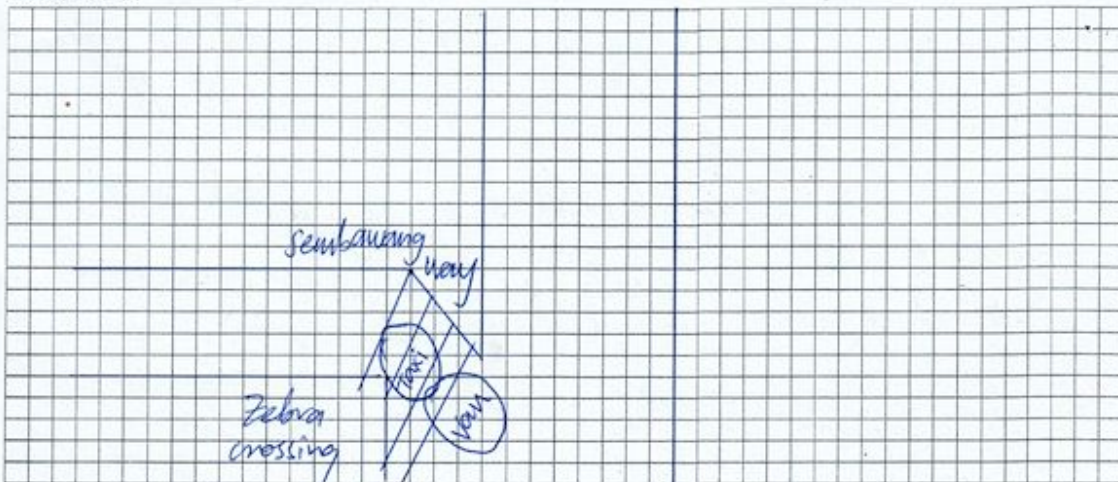
|                                                     |     |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |               |
|-----------------------------------|---------------|
| Vehicle Registration Number ..... | SHD4264M      |
| Vehicle Manufacturer .....        | -             |
| Vehicle Model .....               | -             |
| Vehicle Variant .....             | -             |
| Vehicle Colour .....              | -             |
| Vehicle Category .....            | Taxi          |
| Name of Driver .....              | LAM YEE LEONG |
| NRIC No .....                     | S0256609E     |
| 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27<sup>th</sup> of March at about 6:06pm, I was turning into Sembawang way and approached a zebra crossing. A taxi in front of my van stopped on his break in the middle of the zebra crossing, and I had no time to stop as well as prior to that he was already accelerating and when he hit his breaks, I didn't have enough time to stop by then, and I hit him from the back.

No injury was reported.

DECLARATION

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

Policyholder's Signature

Date & Time: 30/06/2021

Company Chop (if applicable)

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/6/21 2:49pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/6/21  
2:49pm

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









