

# 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 ..... 26/04/2021 14:04 (SGT)  
Date of Accident ..... 25/04/2021 18:40 (SGT)  
Exact Location of Accident ..... Serangoon, Singapore  
Additional Location Information ..... ALONG SERANGOON RD TOWARDS MACPHERSON RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA6644Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SENG FATT REFRIGERATION PTE. LTD.  
Company Reg No ..... 20054419H  
Email Address ..... VINCENT@SENGFATT.SG  
Mobile Phone No ..... (Phone) +65-97887040  
Alternative Phone No ..... +65-97887040

### 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 ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D18MCV0001894\_02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOK CHE MENG  
Passport No/FIN ..... F8365324T

Date Of Birth .....	10/10/1980
Occupation .....	Indoor
Date Of Driving Pass .....	28/08/2019
Driving experience .....	1 YEAR AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97121600
Alt. Phone Number .....	-
Email Address .....	VINCENT@SENGFATT.SG
Address .....	1013 GEYLANG EAST AVE 3 #05-136
Address complement .....	-
Postcode .....	389728
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 .....	4
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	Yes

#### PASSENGER 1

Name .....	BOO HON CHUAN
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

KINDLY REFER TO SKETCH PLAN ATTACHED.

#### 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 .....	GBK6052B
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	BANDI
Contact Number .....	(Phone) +65-84300376
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	6

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLG1245A
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	JEFFRY
Contact Number .....	(Phone) +65-93972220
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SMT1891D
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAN
Contact Number .....	(Phone) +65-87800037
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE D
No. Of Passenger (Including Driver) .....	1

# SKETCH PLAN

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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/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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p>Policyholder's Signature / Date &amp; Time</p>	<p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**

**A = 9BA 664KZ**    **B = 9BK 6052D**    **C = 9K9 1245A**    **D = SMT 1891D**  
**TOYOTA**                      **TOYOTA**                      **MAZDA**                      **HIA**



Describe Circumstances of the Accident

ON 25/04/21 AT ABOUT 18:00 HRS, I WAS DRIVING MY COMPANY LORRY (A) ALONG BRANSON RD. TOWARDS MACPHERSON RD. DUE TO THE FRONT CAR (C) STOP, I STOP MY LORRY BEHIND CAR (C). A FEW SECONDS LATER, I HEARD A LOUD 'BAM' SOUND AND STRONG IMPACT FROM MY LORRY BEHIND, DUE TO THE STRONG IMPACT FORCING MY LORRY TO MOVE FORWARD AND HIT GOTO CAR (C) BEHIND. AFTER THE ACCIDENT, I CAME OUT FROM MY LORRY TO CHECK AND DISCOVER CAR (A) WAS HIT ONTO MY LORRY BEHIND, & CAR (C) WAS HIT ONTO CAR (A) BEHIND. IT WAS CHAIN COLLISION ACCIDENT.

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 timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input checked="" type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

Declaration

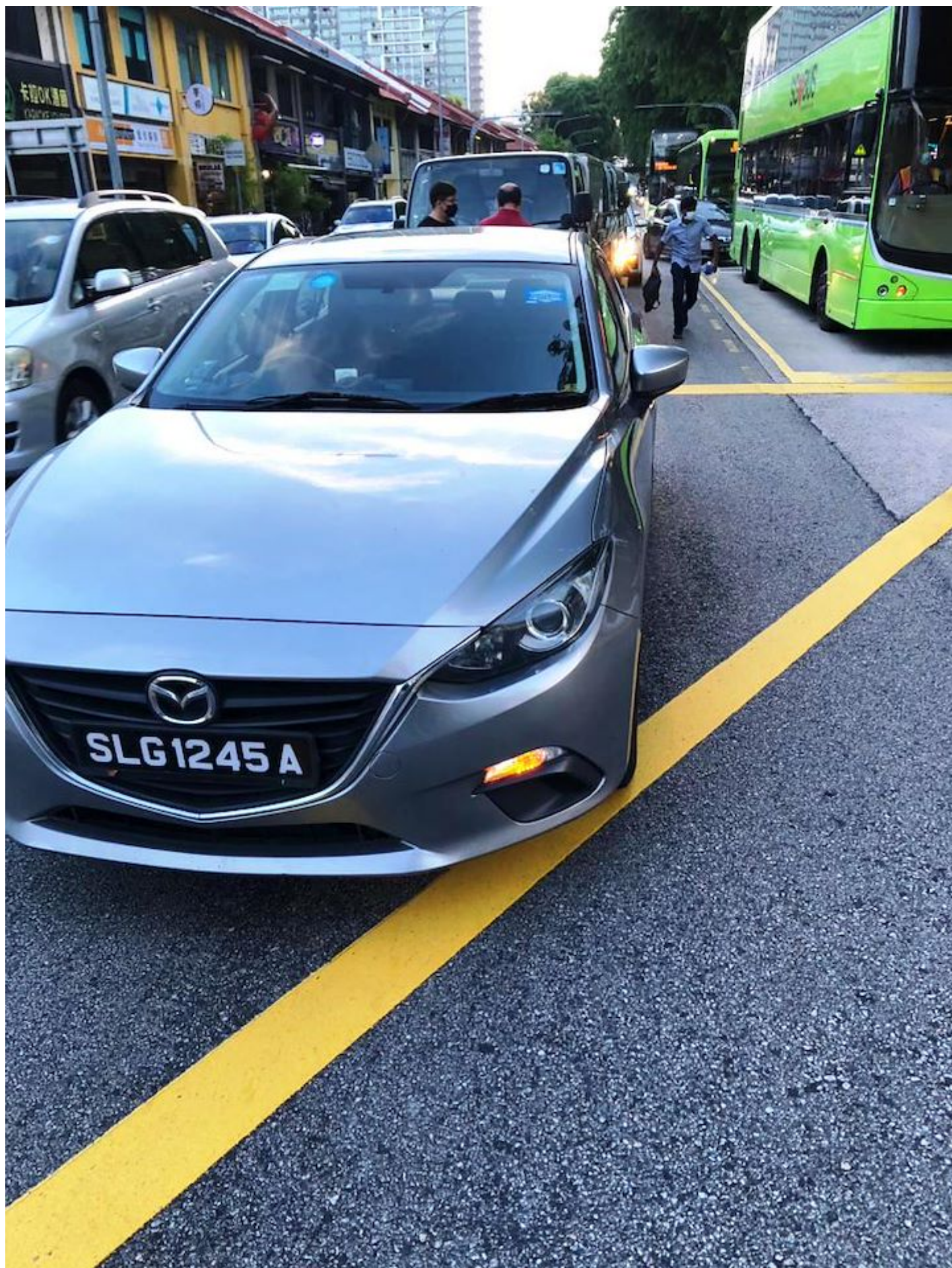
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

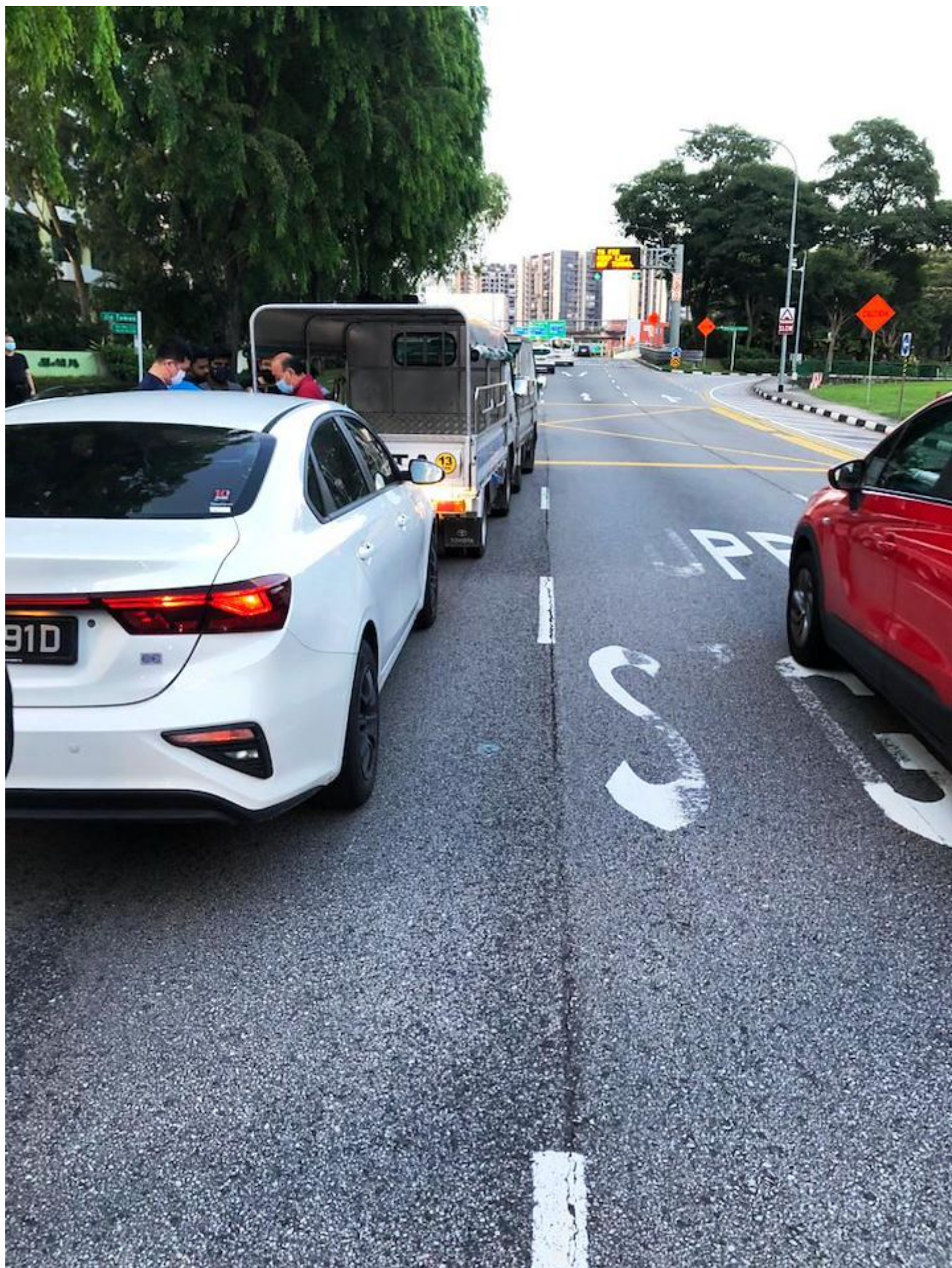
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





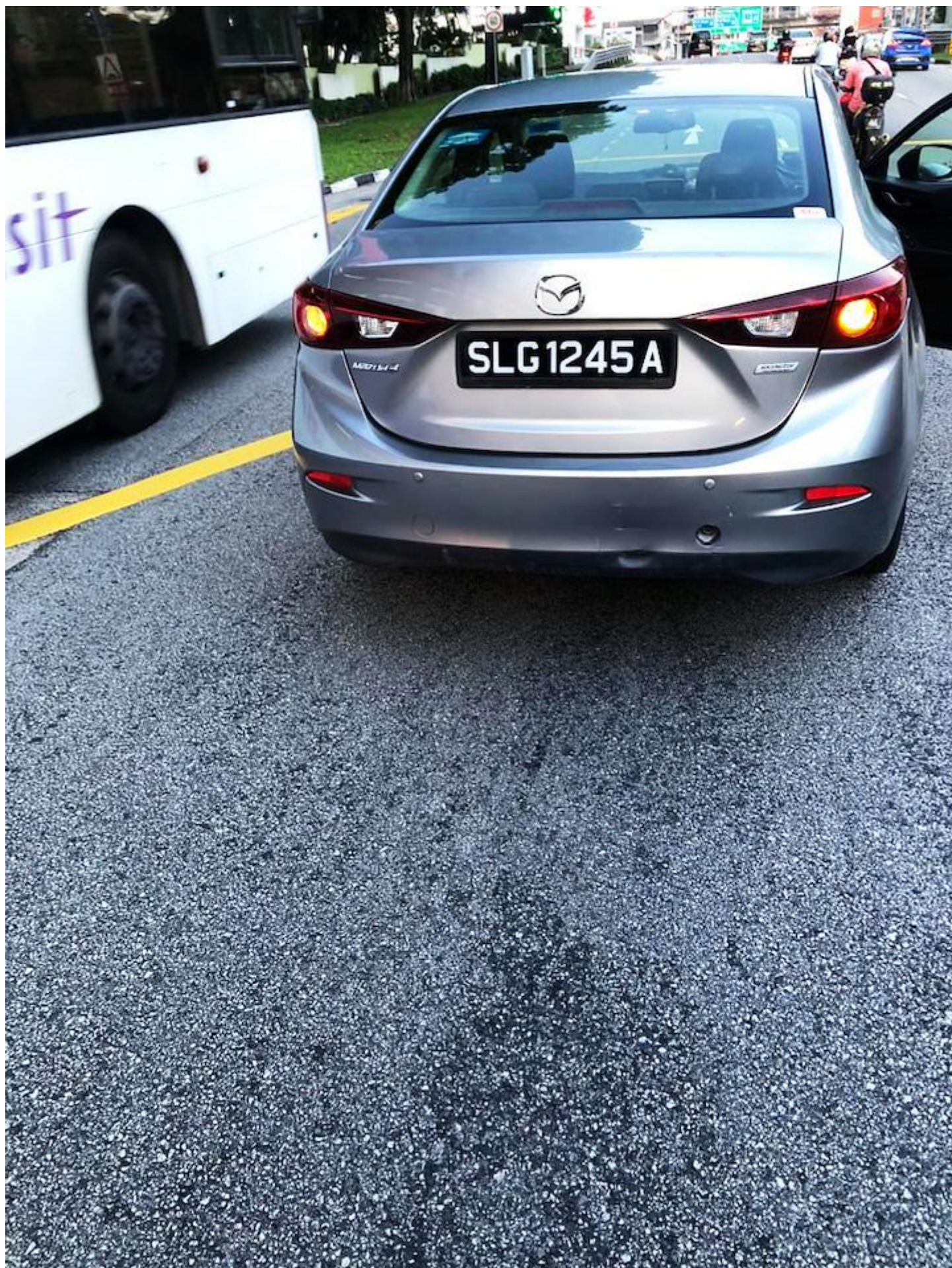








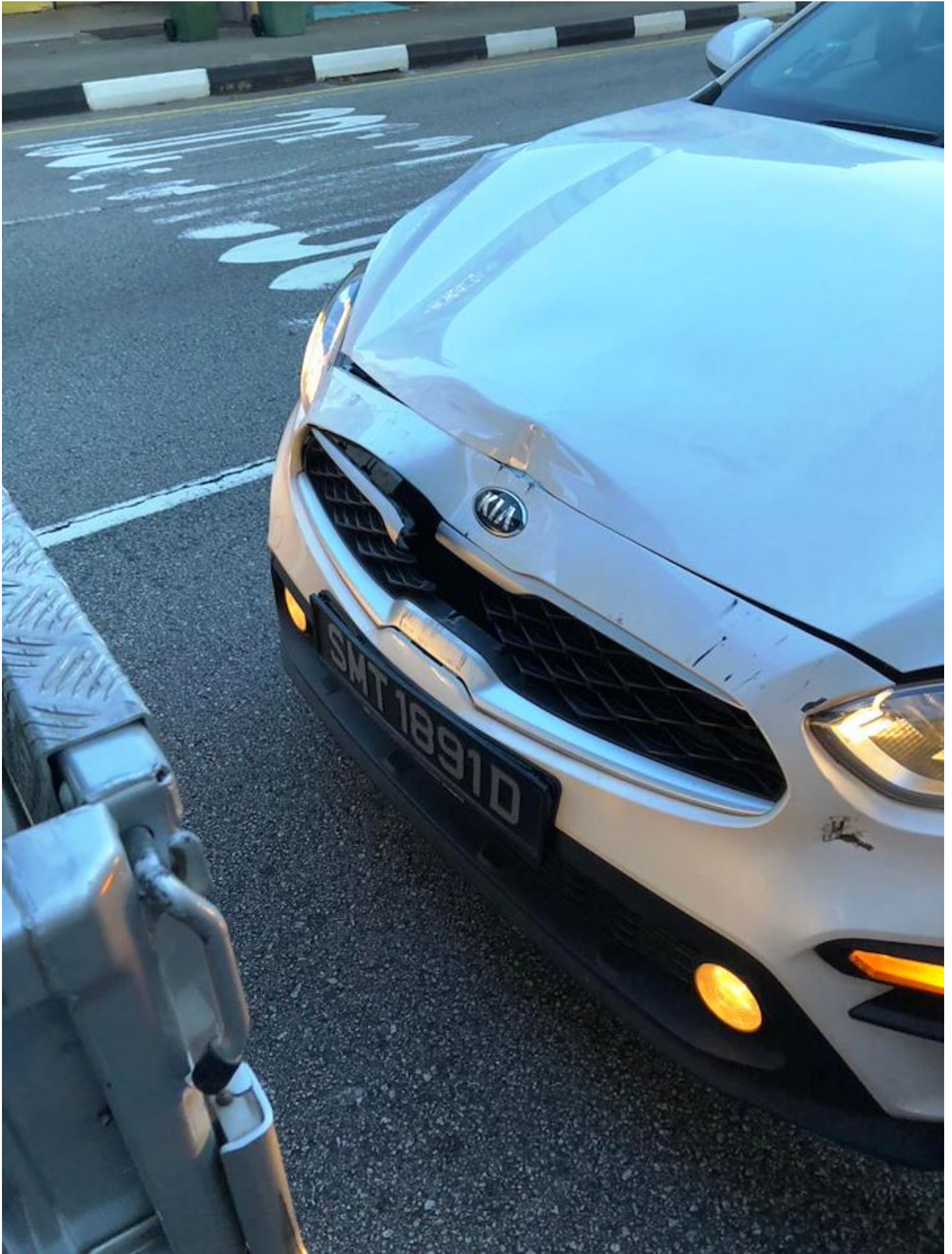








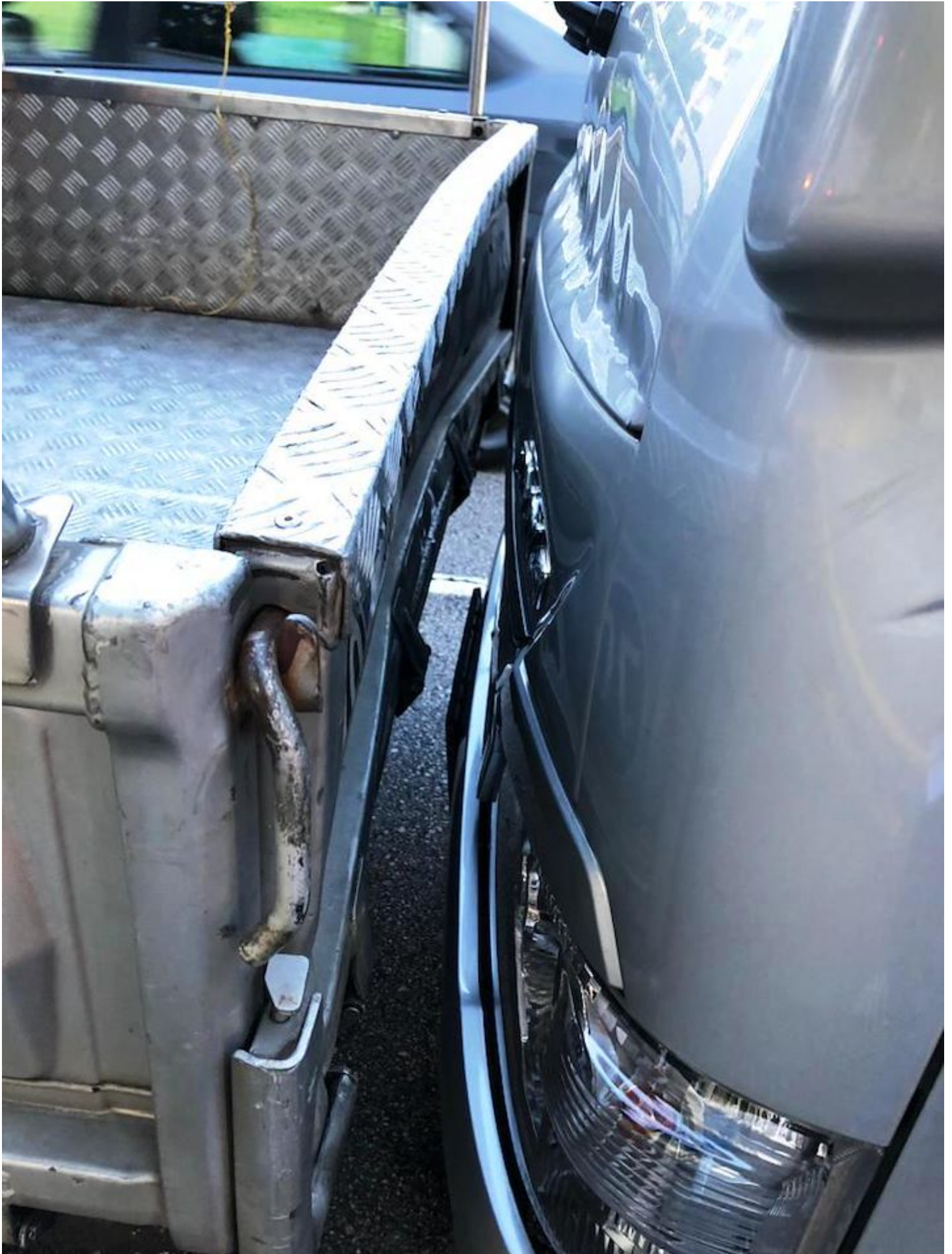






























































TOYOTA MOTOR CORPORATION JAPAN  
 MODEL KDY231R-TLMKY  
 ENGINE 1KD-FETV  
 FRAME No. JTFAT35Y703001437 2982 mL  
 COLOR 199 EA12 P11  
 TRIM PLANT  
 TRANS./AXLE R451 A06B 376  
 OPTION



REDMI NOTE 9 PRO  
 AI QUAD CAMERA



