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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 01/06/2021 16:40 (SGT) Date of Accident 11/05/2021 06:35 (SGT) Exact Location of Accident Yio Chu Kang Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7774H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DYNACLE TRANSPORTATION AND WORKSHOP PTE LTD Company Reg No 2XXXXX894G Email Address fred.chua@dynacle.com.sq Mobile Phone No (Phone) +65-81682419 Alternative Phone No +65-81682419

Mitsuhishi

VEHICLE PARTICULARS

Manufacturer

Model BE639JRMHDEA Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Bus Transmission Manual CC 3908

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMB1SNA00007262000 Cover Note Number

DRIVER

Name of Driver TAN PENG HWEE NRIC No. SXXXX206J

Date Of Birth 28/12/1961 Occupation Outdoor Date Of Driving Pass 19/05/1992 Driving experience 29 YEARS Gender Male Mobile Number (Phone) +65-81682419 Alt. Phone Number Email Address fred.chua@dynacle.com.sg Address **BLK 911 HOUGANG STREET 91 #06-62** Address complement Postcode 530911 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) 16 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **UNKNOWN** Gender Female PASSENGER 2 Name **UNKNOWN** Gender Female PASSENGER 3 Name **UNKNOWN** Gender Female PASSENGER 4 Name **UNKNOWN** Gender PASSENGER 5 Name **UNKNOWN** Gender **Female** PASSENGER 6 Name **UNKNOWN** Gender Female PASSENGER 7 Name UNKNOWN Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

(Phone) +65-18004890999

(Fax) +65-63128989

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Hougang Neighbourhood Police Centre

(Phone) +65-18004890999

(Fax) +65-63128989

60 Hougang Ave 9 Singapore 538775

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210511/2012

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

Yes

Personne for not upleading a video of the accident

Reasons for not uploading a video of the accident WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Nο

Vehicle Registration Number **SLU8383P** Vehicle Manufacturer Mercedes Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKW7641C Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UNKNOWN PAX
Address Address Complement -

Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SLIGHT INJURY CB7774H Yes Yes
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	UNKNOWN PAX SLIGHT INJURY CB7774H Yes Yes
INJURED 3	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	UNKNOWN PAX SLIGHT INJURY CB7774H Yes Yes

SKETCH PLAN

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- 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 that copies of this report will for a fee be made available upon application by interested parties.
- 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 (POPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ["GLA"] 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:
 - 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 dalms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my daims (including the mailing of correspondence, statements, invokes, 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 Parsonal information may/can be disclosed by any of the incurers 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:
 - 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.

Policytolder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NOTIVINO.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

		A= CB7774 H
	a	B= SLU83838
		C= 2KM 7641(
		wa at ross ed
		y10 chu tong Rd
DESCRIBE CIRCUMSTANO	CES OF THE ACCIDENT	
* P19	ref to police report	* 7/20210511 2012
STATE STATE OF THE		
ECLARATION We declare the foregoing the	PHICELETY Are true in every respect.	

























