

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 27/07/2021 17:05 (SGT)
Date of Accident 27/07/2021 06:30 (SGT)
Exact Location of Accident Tampines Ave 12, Singapore
Additional Location Information ALONG TAMPINES AVENUE 12 TOWARDS TPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6997M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ELITE TRANSPORT SERVICES
Company Reg No 53073981W
Email Address LONGJIE_91@HOTMAIL.COM
Mobile Phone No (Phone) +65-96375640
Alternative Phone No (Office) +65-96375640

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 China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00009572000
Cover Note Number -

DRIVER

Name of Driver FOO CHIN PHAT
NRIC No S1248253A

| | |
|--|---|
| Date Of Birth | 18/08/1957 |
| Occupation | Outdoor |
| Date Of Driving Pass | 27/07/1979 |
| Driving experience | 42 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-96968904 |
| Alt. Phone Number | - |
| Email Address | LONGJIE_91@HOTMAIL.COM |
| Address | BLK 259A COMPASSVALE ROAD #09-599 SINGAPORE |
| Address complement | - |
| Postcode | 541259 |
| 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 | 3 |
| 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) | 8 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|------------|
| Name | VALLIAMMAI |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------------|
| Name | LOW KAH YENN |
| Gender | Female |

PASSENGER 3

| | |
|--------------|----------------|
| Name | NITHYABHARATHI |
| Gender | Female |

PASSENGER 4

| | |
|--------------|--------------|
| Name | ANGELINE KOH |
| Gender | Female |

PASSENGER 5

| | |
|--------------|------------|
| Name | AILEEN LEE |
| Gender | Female |

PASSENGER 6

| | |
|--------------|---------------|
| Name | FAITH HOON EN |
| Gender | Female |

PASSENGER 7

| | |
|--------------|--------------|
| Name | AURA HGIDIJA |
| Gender | Female |

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? No
Was there any video captured by Car Camera? No
Was there any audio recorded? No

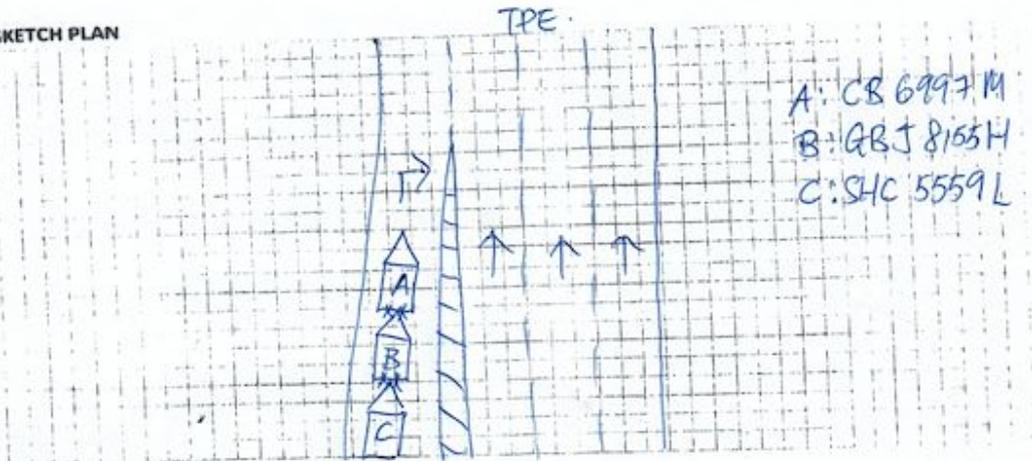
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ8155H
Vehicle Manufacturer Toyota
Vehicle Model Dyna
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver WANG BO
Passport No/FIN G8737936T
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 SHC5559L
Vehicle Manufacturer Toyota
Vehicle Model Prius
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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) -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/07/2021 at about 06:30hrs along Tampines Ave 12 entering TPE.

The vehicle which was in front of me stopped, I stopped with distance. When my vehicle 'A' (CB 6997M) ^{was} stationaried in my lane out of a sudden there's an impact at my rear. I checked on my passengers to see they are all right and ~~then~~ ^{went} down to checked on my vehicle 'A' rear. I saw vehicle 'B' (GBJ 8155H) collided onto my vehicle 'A'. Vehicle 'B' driver told me that vehicle 'C' (SHC 5559L) hit his vehicle then he collided onto my vehicle 'A'.

No one were injured on the accident scene.

DECLARATION

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

倪桂芬



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]



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

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. 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.
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/mall 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.



倪培培

Policyholder's Signature
Date & Time:

[Handwritten Signature]

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



[Handwritten Signature]

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



























