

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 12/08/2021 16:17 (SGT)
Date of Accident 11/08/2021 14:30 (SGT)
Exact Location of Accident Lavender St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL249M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No 2XXXXX755G
Email Address rental@skylinkauto.com.sg
Mobile Phone No (Phone) +65-97218135
Alternative Phone No +65-97218135

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSN00049482100
Cover Note Number -

DRIVER

Name of Driver GE XU
Passport No/FIN GXXXX992T

Date Of Birth 12/12/1982
 Occupation Outdoor
 Date Of Driving Pass 22/02/2021
 Driving experience 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97218135
 Alt. Phone Number -
 Email Address rental@skylinkauto.com.sg
 Address 21 TOH GUAN ROAD EAST #01-12
 Address complement TOH GUAN CENTRE
 Postcode 608609
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LU DONG
 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

PLEASE REFER TO 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 GBF7421S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle

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)

1	2	3	4
5	6	7	8
9	10	11	12

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
 Gender
 Phone No
 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?

GE XU
 Male
 (Phone) +65-97218135
 -
 -
 -
 SLIGHT INJURY
 GBL249M
 Yes
 No

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93	94	95	96
97	98	99	100

ADVANCE POLICE

SKETCH PLAN

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7. By the lodging 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 elsewhere.
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 (GIAS) may be 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 possession by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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 firm, the Ministry of Transport of Singapore and any relevant government agency/authority (such as the police), for the purposes of (i) processing, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigations relating to the claim;

(ii) investigating the accident and/or my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claim (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me, to being about delivery of the same as well as on the external cover of envelopes/packages), and/or

(v) complying with applicable law, in administering, processing, handling and/or dealing with my claim (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm, may also be 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 also be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firm), which may be situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Title & Date

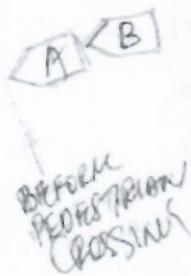
Sketch Plan

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

LAVENDAR STRAAT

Witnessed by Reporting Centre Personnel

A GBL 249M
B GBF 7421 S



Witness: Description of the accident

I WAS TRAVELLING ALONG LAVENDER STREET. I WAS STOPPED BEFORE THE PEDESTRIAN CROSSING TO GIVE WAY TO PEDESTRIANS. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge.

If you wish to claim against your own policy, you must declare that you are not insured under a policy which covers the liability of the driver of the vehicle in question. If you are insured under such a policy, you must declare the name of the insurer.

[Signature]
Driver's Name and Address

[Signature]
Witness's Name and Address

[Signature] 12/08/2001
Inspector's Name and Date