

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 20/08/2021 11:28 (SGT)
Date of Accident 14/08/2021 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PREMISE LOF NO 43 SUNGEI KADUT LOOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD6389J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHENG WANG TRANSPORT ENGINEERING
Company Reg No 5XXXX455E
Email Address shengwangengineering@yahoo.com.sg
Mobile Phone No (Phone) +65-98225148
Alternative Phone No +65-98225148

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FV51JJD4RDEA
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 12882

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00077202100
Cover Note Number -

DRIVER

Name of Driver ONG WEI MENG
NRIC No SXXXX469B

Date Of Birth	16/01/1965
Occupation	Outdoor
Date Of Driving Pass	10/05/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96337424
Alt. Phone Number	-
Email Address	shengwangengineering@yahoo.com.sg
Address	BLK 247 YISHUN AVE 9
Address complement	#07-167
Postcode	760247
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	Raining
Road Surface	Wet

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLL7768S
Vehicle Manufacturer	-
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) -

SKETCH PLAN

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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.

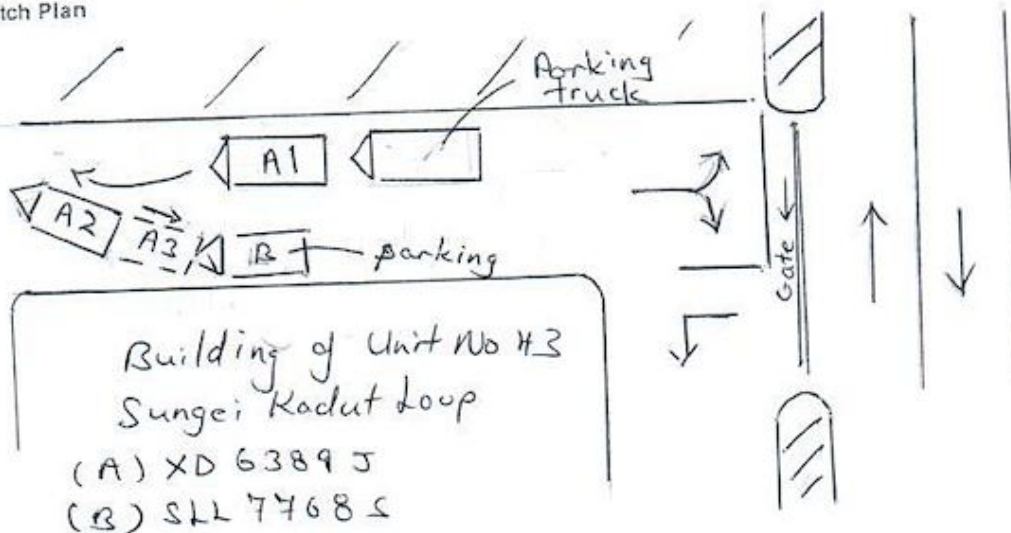


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 14/08/2021 at about 1300 hrs at Premises of No 43 Sungei Kadut Loop. After my accident involved with vehicle no. XE 5536 C on this even date and was told by the driver of XE 5536 C to have a private settlement at his workshop at the above mentioned premises. When I reached there, their workshop appraised my vehicle's damages and told me to proceed with a 3rd Party claim against their vehicle XE 5536 C insurance as my vehicle's damages was quite badly. After our conversation I try to shift my vehicle to make a 3-point turn towards the exit without my left side Mirror as it was damaged and lefted at the scene. While reversing I collided onto the front Right Portion of Vehicle (B) which was parked at the left side of the building. I then propose for private settlement and was told to wait for call. Till now no call or quotation was given as such I made this reporting.

(A) XD 6389 J

(B) SLL 7768 S

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

王維明

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

20/08/21

Witnessed by Reporting Centre Personnel

SSIS NO	:	FY51JJJA10018	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ADEN WT	:	11280	KG	
ADEN WT	:	28000	KG	
ADEN WT	:	1 DRIVER	2	OTHER
SENGER CAP	:	(F)	295 / 80R22-5	
SENGER CAP	:	(R)	1000R20-16PR(D) x 2	









