





# 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	26/08/2021 17:50 (SGT)
Date of Accident	26/08/2021 11:15 (SGT)
Exact Location of Accident	626 Bedok Reservoir Rd, Block 626, Singapore 470626
Additional Location Information	CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3579R
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JNS COOL PTE LTD
Company Reg No	2XXXXXX374D
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-83885353
Alternative Phone No	+65-83885353

### 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	Manual
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00062782100
Cover Note Number	-

### DRIVER

Name of Driver	GOH BENG KWONG
NRIC No	SXXXX570Z

Date Of Birth	24/08/1974
Occupation	Indoor
Date Of Driving Pass	02/08/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-83885353
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 929 JURONG WEST STREET 92 #10-167
Address complement	-
Postcode	640909
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

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	SLN5907K
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

### 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 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' 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 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

*[Signature]* 26/08/2021

### Sketch Plan



Vehicle A GBL3579R

Vehicle B SLN5907K

Describe Circumstances of the Accident

Date: 25.8.2021 Time: 11:15am

My vehicle was parked at the car park of B/K 626  
Bedok Reservoir Rd S (470626). Then I saw vehicle B  
reversed and collided into the front of my vehicle.

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

Handwritten signature and date 26/08/2021.



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 26 / 08 / 2021 (dd/mm/yy)

Time of Accident: 11 : 15 (24-HR-FORMAT)

Vehicle No.: GBL 3579R Vehicle Make & Model / Engine (cc): Toyota Hiace 2.0 Private Hire: (Y/N) (N)

Exact location of Accident: HDB car park of Blk 626 Bedok Reservoir Rd, S(470626)

Policyholder's Name / IC No.: JNS COOL PTE LTD ROC/UEN (Company): 202107374D

Driver's Name / IC No.: Goh Biao KWONG 574875702 (As Above) ☐

Driver's Contact No.: 8388 5353 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: Blk 929 Jurong West St. 92 #10-167 S(640929)

Owner Email address: cs8558cs@gmail.com Insurance Company: \_\_\_\_\_

Driver Email address: \_\_\_\_\_ 24/08/1974 02/08/2010

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

☐ Private use / ☒ Work purpose

**\*No. of Passengers (Including Driver):** 0

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No Remarks: \_\_\_\_\_

**any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: S4N 5907K

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

*J*

4:06



< B Seng GBL3579R - POLICY\_21...



中国太平  
CHINA TAIPIING

中国太平保险(新加坡)有限公司  
CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

M2300C

N SN

AN0050A

Cov Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No	DMDVSAW00062782100	Engine No	1TR2314272
		Chassis No	TRH2005045553
1. Index Mark and Registration Number of Vehicle	GBL3579R		
2. Name of Policyholder	JNS COOL PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/06/2021 (00 00 00)	Excess Sect I	S\$350.00
		EX ON WINDSCREEN	S\$100.00
4. Date of Expiry of Insurance	31/05/2022		
5. Persons or Classes of Persons entitled to drive* Any person who is driving on the Policyholder's order or with their permission  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle			
6. Limitations as to use* (1) Use in connection with the Policyholder's business (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (3) Use for social, domestic or pleasure purposes  The Policy does not cover: (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle			
HIRE PURCHASE CO - DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.			

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Please see reverse

CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By Chua Suat Lay Sally  
Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
#3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6789 6111

☎ 6222 1033

🌐 www.sg.chinataiping.com

### IMPORTANT NOTICE

If you sell your motor vehicle this NOTICE is IMPORTANT  
And MUST be complied with

If you are the registered owner of a motor vehicle under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), it is your legal obligation to inform the insurer of any change of ownership of the vehicle within 14 days of the date of sale of the vehicle.

It is further advised that on the date of a sale of a motor vehicle, the Certificate of Insurance and the Policy for the insurance company concerned, if the Certificate of Insurance has been issued or secured, is a statutory document to be retained by the seller. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).

The policy will be void if the vehicle has been sold to another person unless the transfer of interest has been duly notified to the insurer.