

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 28/08/2021 13:48 (SGT)
Date of Accident 27/08/2021 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information GAMBAS AVE TWDS WOODLANDS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1504K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner C. K. TOH CONSTRUCTION PTE LTD
Company Reg No 200407402G
Email Address accounts@cktoh.com.sg
Mobile Phone No (Phone) +65-81136489
Alternative Phone No (Office) +65-63650118

VEHICLE PARTICULARS

Manufacturer Hyundai
Model ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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 Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00175652100
Cover Note Number 27/08/21 - 26/08/22

DRIVER

Name of Driver MOHANASUNDARAM RAJA
Passport No/FIN G3266754L

Date Of Birth	03/02/1990
Occupation	Outdoor
Date Of Driving Pass	20/09/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86472515
Alt. Phone Number	-
Email Address	sales@cktoh.com.sg
Address	C/O C. K. TOH CONSTRUCTION PTE LTD
Address complement	-
Postcode	-
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?	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

On 27/08/21 about 1630 hrs, I was driving along Gambas Ave towards Woodlands. There was traffic jam and vehicles were slow moving close to each other. I was behind the vehicle SMW6794C and accidentally I hit the back bumper of it. My vehicle SKC1504K was also slight damaged due to this accident. No injury reported for both parties. The road condition was dry.

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	SMW6794C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG ZHONG KANG
NRIC No	S8411789G

Contact Number	(Phone) +65-84053527
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: SKC 1504 K
 2. INSURER CO: China
 3. ACCIDENT DATE & TIME: 27/8/21 @ 16:30

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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.



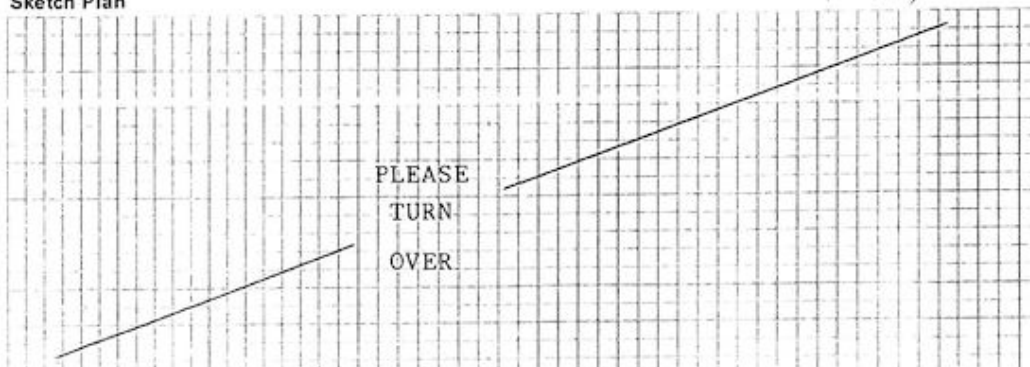
Policyholder's Signature / Date & Time

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

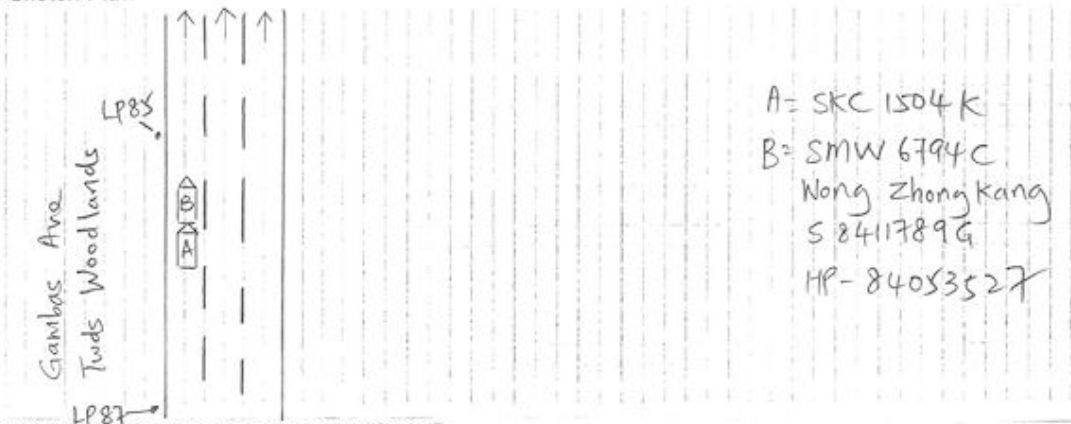
Witnessed by Reporting Centre Personnel

(YS)

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27/08/21 about 1630hrs i was driving along Gambas Ave towards woodlands. There was traffic jam and vehicles were slow moving close to each other. I was behind the vehicle SMW 6794C and accidentally i hit the back bumper of it. My vehicle SKC 1504 K was also slightly damaged due to this accident.

No injury reported for both the parties. The road condition was dry.

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

DECLARATION

I/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:

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

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1G218S0001 Vehicle Registration No: SKC1504K
C.K. Toh Construction Pte Ltd 200407402 G
 Name (as shown in NRIC): Mohanasundaram Raja NRIC/FIN/Passport No: G3266754L
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 15 Yishun Ind'l St.1 #01-29 Wk 5 Singapore (768491)
 Contact (Tel): 63650118 Mobile No.: 81136489 / 86472515
 Email Address: accounts@cktoh.com.sg
 Date of Accident: 27/8/21 Time of Accident: 16:30
 Place of Accident: Gambas Ave Twds Woodlands
 Insurance Company: China Taiping Ins

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to withdraw Own Damage Claim and
convert as REPORTING ONLY.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature

Name: Sharon
 NRIC/FIN No.:
 Date: 31/8/21

GIARMC Addendum Form