

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 06/09/2021 16:32 (SGT)
Date of Accident 04/09/2021 12:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information RAMADA HOTEL (LOADING BAY)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3967K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SYSTEMATIC LAUNDRY & UNIFORM SERVICES PTE LTD
Company Reg No 200906012D
Email Address kamal@systematicholdings.com.sg
Mobile Phone No (Phone) +65-67540277
Alternative Phone No (Office) +65-67540277

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model CANTER FECX1HR4SDED
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 Auto
CC 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00096382101
Cover Note Number 25/08/21 - 24/08/22

DRIVER

Name of Driver TEO BOON HUI
NRIC No S8105768J

Date Of Birth	22/02/1981
Occupation	Outdoor
Date Of Driving Pass	07/03/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90621239
Alt. Phone Number	-
Email Address	kamal@systematicholdings.com.sg
Address	BLK 775 WOODLANDS CRESCENT #10-12
Address complement	-
Postcode	730775
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	No 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	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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

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	SLG7938U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA TUCK KEONG

NRIC No	S1785494A
Contact Number	(Phone) +65-94885673
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' law yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SYSTEMATIC LAUNDRY & UNIFORM SERVICES PTE. LTD.

6 WOODLANDS LOOP
SINGAPORE 738346

TEL: 6754 0277 FAX: 6754 0466

180

(75) 09/6/9/21

Policyholder's Signature / Date & Time

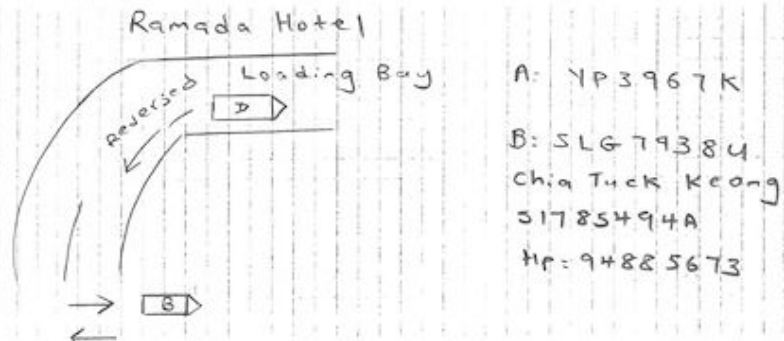
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE TURN OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: China Taiping Vch No: YP3967K DoA: 4/9/21 12:40pm

When I was reversing I saw SLG7938U approaching so I let SLG7938U drive through. I then exited Ramada Hotel. I received call from my supervisor informing I had hit SLG7938U at Ramada Hotel so I return back to check. SLG7938U said I hit his car however I did not felt any impact or horn.

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.

SYSTEMATIC LAUNDRY & UNIFORM SERVICES PTE. LTD.
6 WOODLANDS LOOP
SINGAPORE 738346

TEL: 6754 0466
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 ()

CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Teo Boon Hui, S8105768J, Hp: 90621239 has reported to the Police a non-injury traffic accident which occurred at Ramada by Wyndham Hotel Loading/Unloading Bay on 04/09/2021 at 1240hrs involving the following vehicles:

V1) YP3967K, MITSUBISHI LORRY

V2) SLG7938U, BLACK HYUNDAI SONATA

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS MUHD FADHIL

Date: 05/09/2021 Time: 1047HRS
S/D Ref: 27

Police Post/Unit : WOODLANDS EAST NPC / WOODLANDS DIVISION

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

