

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 09/09/2021 16:02 (SGT)
Date of Accident 06/09/2021 09:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PANDAN LOOP TWDS JALAN BUROH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YL7736E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENG HWA SOON KEE
Company Reg No 05966600E
Email Address brensonsoon@yahoo.com
Mobile Phone No (Phone) +65-91822889
Alternative Phone No (Office) +65-62995089

VEHICLE PARTICULARS

Manufacturer Nissan
Model MKB212NHRA
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 6925

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00017042103
Cover Note Number 19/03/21 - 18/03/22

DRIVER

Name of Driver BRENSON SOON CHEE PHENG
NRIC No S6837476F

Date Of Birth	12/11/1968
Occupation	Outdoor
Date Of Driving Pass	07/07/1995
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91822889
Alt. Phone Number	-
Email Address	brensonsoon@yahoo.com
Address	BLK 10B BENDEMEER RD #19-119
Address complement	-
Postcode	332010
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF EMPLOYED
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SOON CHEE CHYE
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

REFER TO ATTACH.

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	GP9860H
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)	-

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.

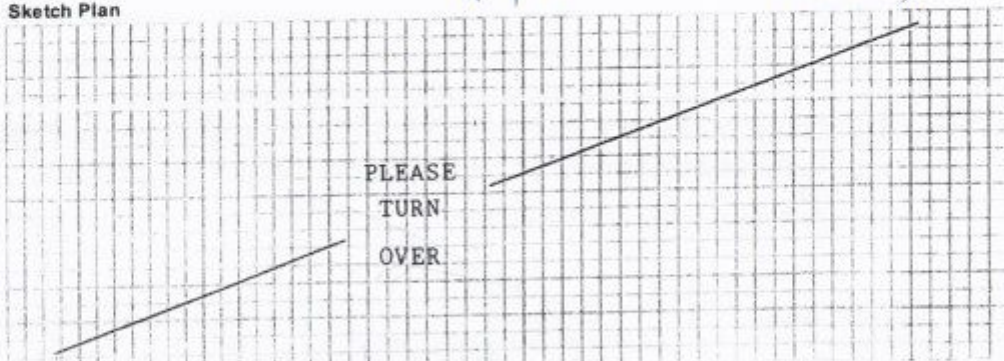
1. VEHICLE NO.: YL 7736 E
2. INSURER CO.: China
3. ACCIDENT DATE & TIME: 06/9/21 @ 9:30am

Policyholder's Signature / Date & Time

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

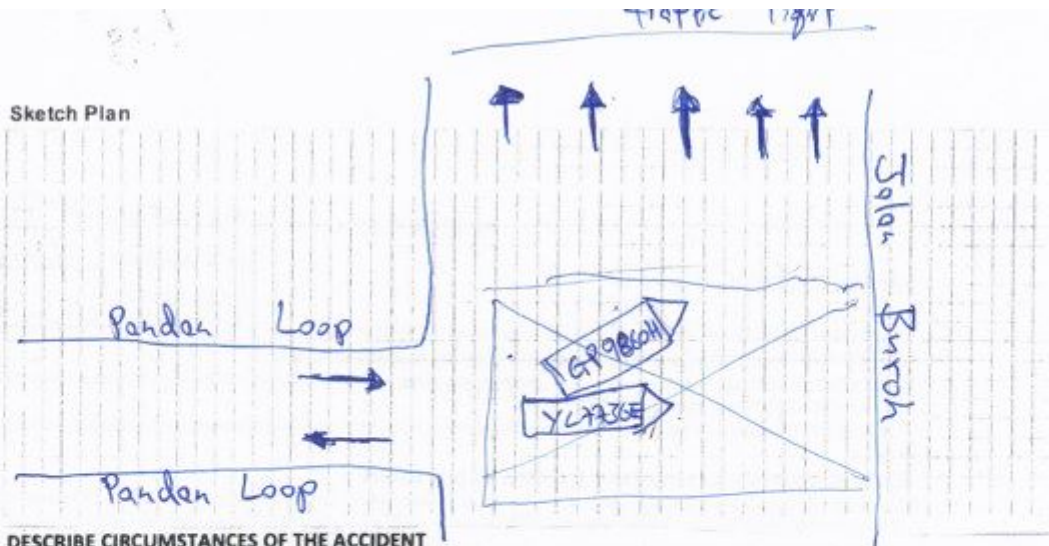
Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE
TURN
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out from Pandak Loop to Jalan Buroh. There was a lot of vehicle stopped before the traffic light. On my left, the Vehicle: GP 9860H. And I was beside his vehicle. Suddenly, the driver of GP 9860H. Both of us, was stopped at the Yellow Box. Suddenly, the driver open his door and called me that I grazed his vehicle. So we both came out of the vehicle. We, both take multi of photos. I insisted that our vehicle were very close, but we did not touch each other.

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: 9/9/21 1.30pm

Reporting Centre Personnel's Signature
Name: (Amk)
NRIC/FIN No.:
Reporting Only

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





















Date : 09/09/21

To : Accident Reporting Centre (ARC)


I / We hereby approve (driver's name) Brenson Soon Chee Pheng
 NRIC/FIN S 6837476 F, our employee / employee of Eng Hwa
Soon Kee to drive our m/vehicle no. 1L7736E

and to file the accident report (Third Party claims/Own Damage Claims/Reporting
 Only) which occurred on (date) 06/09/21 @ (time) 09:30 am
 along (location) Pandan Loop Twds Jalan Buroh

* Relationship between Insured and driver's company:

Thank you.

Regards,


 X ENG HWA SOON KEE

*** SIGN & STAMP at the above ***

Name of Owner : Eng Hwa Soon Kee

NRIC / ROC : 05966600E

Contact No : 62995089

Email : brensonsoon@yahoo.com