

# 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 ..... 17/09/2021 16:29 (SGT)  
Date of Accident ..... 15/09/2021 14:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AYE TOWARDS TUAS (AFTER CLEMENTI AVE 2 EXIT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC9827H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... S&P PTE LTD  
Company Reg No ..... 201622567Z  
Email Address ..... hiliary.wong@spen.biz  
Mobile Phone No ..... (Phone) +65-67898266  
Alternative Phone No ..... +65-67898266

### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00003882100  
Cover Note Number ..... 09/01/2021 - 08/01/2022

### DRIVER

Name of Driver ..... WONG KWONG WENG PATRICK  
NRIC No ..... S1406004I

Date Of Birth .....	25/12/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	17/05/1980
Driving experience .....	41 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91993234
Alt. Phone Number .....	-
Email Address .....	patrick.wong@spen.biz
Address .....	BLK 119D KIM TIAN RD #17-214
Address complement .....	-
Postcode .....	164119
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

#### REFER TO 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 .....	GBL2109X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	NARAYANASAMY SENTHIL KUMAR
Passport No/FIN .....	G7618127L
Contact Number .....	-
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**SKETCH PLAN**

1. VEHICLE NO: 98C98274  
 2. INSURER CO: China  
 3. ACCIDENT DATE & TIME: 15/09/21 @ 1450

**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 willful 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' 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.  
 (collectively the "Purposes")  
 (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.



17/9/2021

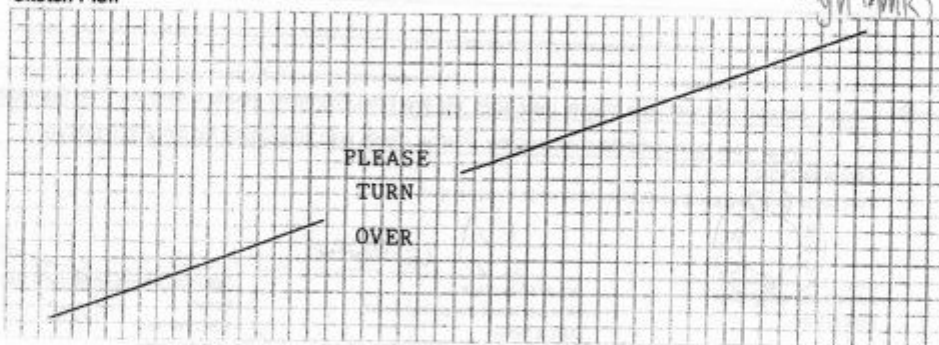


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



PLEASE  
TURN  
OVER

Sketch Plan

AYE → Tuas (other lane)  
AYE 2 exit

A: GBC 9827H  
(alone)

B: GBL 2109X  
(w/ 1 Chinese male  
passenger)  
Narayanan Senthil Kumar  
67618127L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: GBC 9827H (China)  
Date & Time: 15/09/2021 @ 1450 (clear/dry)

Motor van GBL 2109X brake to stop, as such i follow too.  
However, as i couldn't stop in time and thus my vehicle front  
portion had a slight contact onto the rear of GBL 2109X.  
As it was a slight damage caused to GBL 2109X, suggested for  
private settlement and the driver agreed with it. However, i  
received a call on the next day (16/09/21) and informed me  
to settled via insurance instead. Due to the late response and  
thus i was late for the reporting. No one was injured.

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 ( )



**Authorization Letter**

Date : 16 September 2021

To : Whom It May Concern

**Dear Sir/Madam,**

We, S&P Pte Ltd, UEN: 201622567Z authorized our employee Wong Kwong Weng, Patrick, NRIC: S14060004I to drive company owned vehicle with registration number of GBC9827H for work related purposes.

Please feel free to contact the Office Manager, Hilary Wong, at 96385104 or [hilary.wong@spen.biz](mailto:hilary.wong@spen.biz) for further clarification, if required.

Thank you.

Yours Sincerely,

A handwritten signature in black ink, followed by a circular stamp. The stamp contains the text 'S&amp;P PTE LTD' around a central star-like symbol.

Chan Yoke Sim  
Director

---

**S&P PTE LTD**

Block 9010 Tampines Street 93  
#03-129 Singapore 528844  
Tel 67898266 Fax 67897993





