

# 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 ..... 28/09/2021 17:23 (SGT)  
Date of Accident ..... 23/09/2021 14:15 (SGT)  
Exact Location of Accident ..... Stevens Rd, Singapore  
Additional Location Information ..... ALONG STEVENS ROAD TOWARDS PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH2928U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SENG MING PLASTER CEILING TRADING  
Company Reg No ..... 52889727J  
Email Address ..... KIMENG633@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-90264687  
Alternative Phone No ..... +65-90264687

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 2755

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW0004183101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... VELU PRABAKARAN  
Passport No/FIN ..... G6199434W

Date Of Birth .....	14/10/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	25/01/2010
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81888329
Alt. Phone Number .....	-
Email Address .....	VELU.PRABAKARAN@YAHOO.COM
Address .....	BLK 9 GLOUCESTER ROAD #11-17
Address complement .....	-
Postcode .....	210009
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 - Change/cross lane
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

#### AS PER ATTACHED 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 .....	SKT8294E
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private hire
Name of Driver .....	RADEN SALEH BIN RADEN ABDUL HAMID
NRIC No .....	S1484787A
Contact Number .....	(Phone) +65-97952572
Address .....	BLK 745 WOODLANDS CIRCE #04-754

Address complement .....	-
Postcode .....	730745
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	LEFT REAR
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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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.

誠明石膏貿易公司

Seng Ming Plaster Ceiling Trading

Blk 633 #06-5143 Ang Mo Kio Ave 5 Singapore 560633

Tel/Fax 64560508/64560509, 64560723

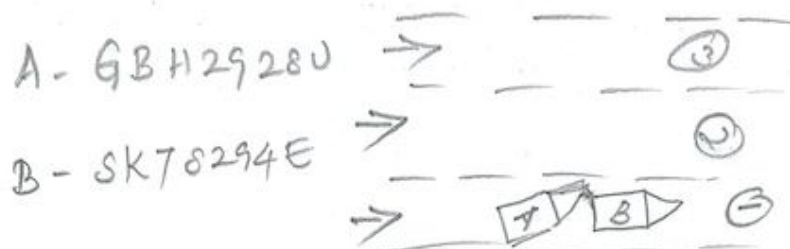
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

ON 23/09/21 at about 1415pm I was driving my lorry GBT 29284 along Stevens Road towards PIE on lane 1. I turn on my signal light to change to left lane. Suddenly car in front of me, SKT 8294E stopped. My lorry ~~hit~~ bang onto the car SKT 8294E, left corner. We stopped and took photos and exchanged particulars. That is all.

**Declaration**

We declare the foregoing particulars are true in every respect.

誠明石膏貿易公司  
Seng Ming Plaster Ceiling Trading  
Blk 633 #06-5143 Ang Mo Kio Ave 3 Singapore 560633  
Tel: 6338 0000

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 28/09/2021

Witnessed by Reporting Centre Personnel

























