

# 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 .....	21/09/2021 17:12 (SGT)
Date of Accident .....	21/09/2021 10:45 (SGT)
Exact Location of Accident .....	13 Kaki Bukit Rd 4, Singapore
Additional Location Information .....	INFRONT OF #03-29
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJX2342E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ACE AUTOLUTION PTE. LTD.
Company Reg No .....	2XXXXX869W
Email Address .....	admin@aceauto.com.sg
Mobile Phone No .....	(Phone) +65-98229907
Alternative Phone No .....	+65-98229907

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00105182100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	YEO SHU WEN
NRIC No .....	SXXXX984D

Date Of Birth .....	01/02/1997
Occupation .....	Indoor
Date Of Driving Pass .....	02/07/2020
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98229907
Alt. Phone Number .....	-
Email Address .....	admin@aceauto.com.sg
Address .....	BLK 702 BEDOK RESERVOIR ROAD #08-3536
Address complement .....	-
Postcode .....	470702
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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

PLEASE REFER TO 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 .....	GBC6758T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KANG WEE HAN
NRIC No .....	SXXXX980A
Contact Number .....	(Phone) +65-98506485
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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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' 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

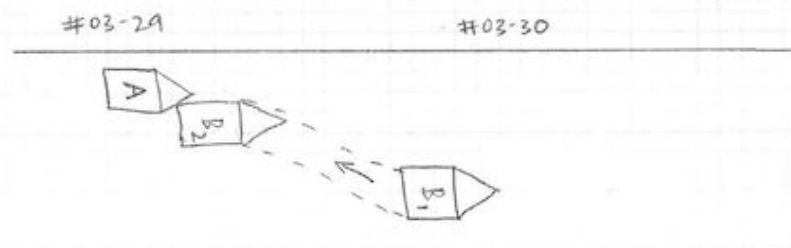
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

13 KAKI BUKIT ROAD 4 NEAR of #03-29

Vehicle A: SX2342E  
Vehicle B: G8C498T



## Describe Circumstances of the Accident

On 21/9/2021 at around 10.45 AM, my vehicle (SX 2342 E) was parked stationary at 13 Kaki Bukit Rd 4, Burtley Bz Centre, in front of Unit number #03-29 when vehicle B (GBC 6758T) reversed and collided onto the front right hand portion of my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

yeo

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

Witnessed by Reporting Centre Personnel



























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08219L0002 Vehicle Registration No: S3X 2342 E  
Name (as shown in NRIC) : Yeo Shu Wen NRIC/FIN/Passport No : S4703984D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : B16 702, Bedok Reservoir Rd #03-3536 Singapore (440702)  
Contact (Tel) : 9822 9907 Mobile No.: -  
Email Address : admin @ aieauto . com . sg  
Date of Accident : 21/9/2021 Time of Accident : 10.45 AM  
Place of Accident : 13 Kaki Bukit Rd 4 in front of #03-29  
Insurance Company : China Taiping

#### (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:

Company Reg No. 201403869 W  
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yeo  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

Redi Wad  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Redi Wad  
NRIC/FIN No.:  
Date: