

# 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 ..... 18/10/2021 11:50 (SGT)  
Date of Accident ..... 15/10/2021 12:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ADMIRALTY ROAD WEST  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG9399E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MING XIN TRAIING (1997)  
Company Reg No ..... 5XXXX792K  
Email Address ..... MINGXIN0418@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96646094  
Alternative Phone No ..... +65-96646094

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... PROACE  
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 ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 509858792K  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... EU CHIN EIK  
NRIC No ..... SXXXX138Z

Date Of Birth .....	30/03/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	18/03/1980
Driving experience .....	41 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-9363792
Alt. Phone Number .....	-
Email Address .....	MINGXIN0418@GMAIL.COM
Address .....	BLK 893C WOODLANDS DRIVE 50 #08-75
Address complement .....	-
Postcode .....	732893
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 .....	Chain 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 .....	3
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

ON THE ABOVE MENTION DATE AND TIME. I WAS TRAVELLING ALONG ADMIRALTY ROAD WEST . VEHICLE IN FRONT OF ME SLOW DOWN, I FOLLOWED SUIT. BUT VEHICLE B , BEHIND OF ME SUDDENLY COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS HUGE, THAT IT CAUSES MY VEHICLE TO PUSH FORWARD AND HIT ONTO VEHICLE B IN FRONT OF ME.

DURING TIME OF ACCIDENT, I WAS ON MY WAY BACK TO OFFICE.

#### 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 .....	GBK6680R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	GANAPATHY PADMANATHAN ANBAZHAGAN
Passport No/FIN .....	GXXXXX617Q
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLL9016R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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

## 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. 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' 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.

MING XIN TRADING (1997)

CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 57700  
Tel: 6219 2096 (3lines) Fax: 6219 2096

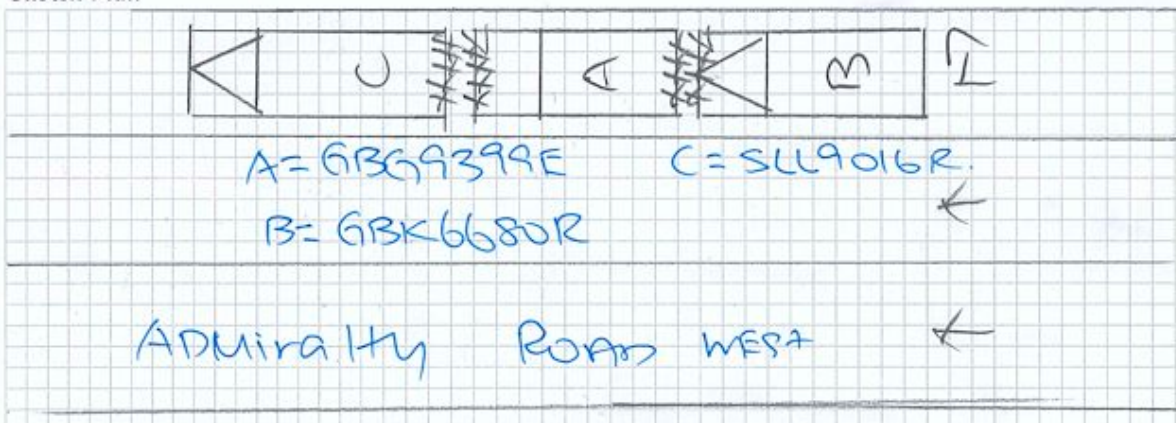
ESTHER Lim

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 THE ABOVE MENTION DATE & TIME. I WAS TRAVELLING ALONG ADMIRALTY ROAD WEST. VEHICLE IN FRONT OF ME SLOW DOWN, I FOLLOWED SUIT. BUT VEHICLE B, BEHIND ME SUDDENLY COLLIDED INTO THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS HUGE, THAT IT CAUSES MY VEHICLE TO PUSH FORWARD AND HIT INTO VEHICLE C IN FRONT OF ME.

DURING TIME OF ACCIDENT, I WAS ON MY WAY BACK TO MY OFFICE.

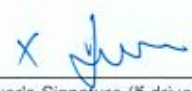
Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim under your own comprehensive policy. please check with your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

WING XIN TRADING (1997)

.....  
Policyholder's Signature / Date & Time

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

 進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 757700  
Tel: 6219 2096 (3 Lines) Fax: 6219 2096  
Witnessed by Reporting Centre Personnel

































