

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 14:20 (SGT)
Date of Accident 16/10/2021 10:40 (SGT)
Exact Location of Accident N Canal Rd, Singapore
Additional Location Information OPENSPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG8240K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ANN TAT REFRIGERATION AND AIR-CON SERVICES
Company Reg No 5XXXX686E
Email Address anntat@ymail.com
Mobile Phone No (Phone) +65-90030807
Alternative Phone No (Office) +65-90030807

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant PANEL VAN 2.5 5AT 5DR EURO V
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 2488

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00109972000
Cover Note Number -

DRIVER

Name of Driver SIM KIM BOCK
NRIC No SXXXX253J

Date Of Birth 23/03/1970
Occupation Outdoor
Date Of Driving Pass 07/11/2017
Driving experience 3 YEARS AND 11 MONTHS
Gender Male
Mobile Number (Phone) +65-93259436
Alt. Phone Number -
Email Address anntat@ymail.com
Address BLK 417 ANG MO KIO AVENUE 10 #11-1013
Address complement -
Postcode 560417
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) 2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name COLLEAGUE
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

I was at the open carpark, i saw an empty lot, after checking there was no oncoming vehicles. I prepared to reverse into the parking lot, when i was in the midst of reversing, i felt an impact hit onto my vehicle's rear left portion. Upon checking, i realised that the collision was caused by GBJ3687Y

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 GBJ3687Y
Vehicle Manufacturer Nissan
Vehicle Model Nv350
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)	1

SKETCH PLANIMPORTANT NOTICE

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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/be 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/be 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.

Ann Tat Refrigeration & Air-con Services

B# 665 Hougang Ave 4 #07-359
Singapore 530065
Tel: 6744 1937



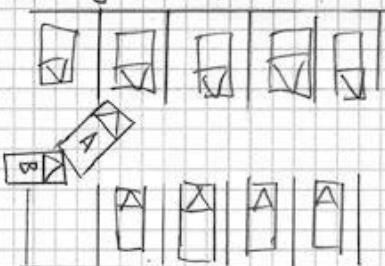
Policyholder's Signature / Date &
Time 18/10/21 1305 hrs

Driver's Signature (if driver is not the policyholder) / Date & Time 16/10/2021, 1138 AM

Witnessed by Reporting Centre
Personnel

Sketch Plan

North Bridge Rd Open Carpark



DPA: 16/10/2021

CO: FOAM

A: GBG 8240K

B: GBJ 3687Y.



Describe Circumstances of the Accident

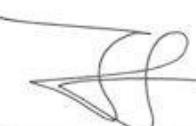
I was at the open carpark, I saw an empty lot, after checking there was no oncoming vehicles, I prepared to reverse into the parking lot, when I was in the midst of reversing, I felt an impact hit onto my vehicle's near left portion, upon checking, I realised that the collision was caused by GBJ3687Y.

Declaration

We declare the foregoing particulars are true in every respect.

1st Refrigeration & Air-con Services
Blk 633 Hougang Ave 4 #07-309
Singapore 530633
Tel: 6744 1957

Policyholder's Signature / Date &
Time 18/10/21 1305hr Driver's Signature (If driver is not the policyholder) / Date
& Time 16/10/2021, 1138AM.




AUTO SERVICES
PTE LTD

Witnessed by Reporting Centre
Personnel







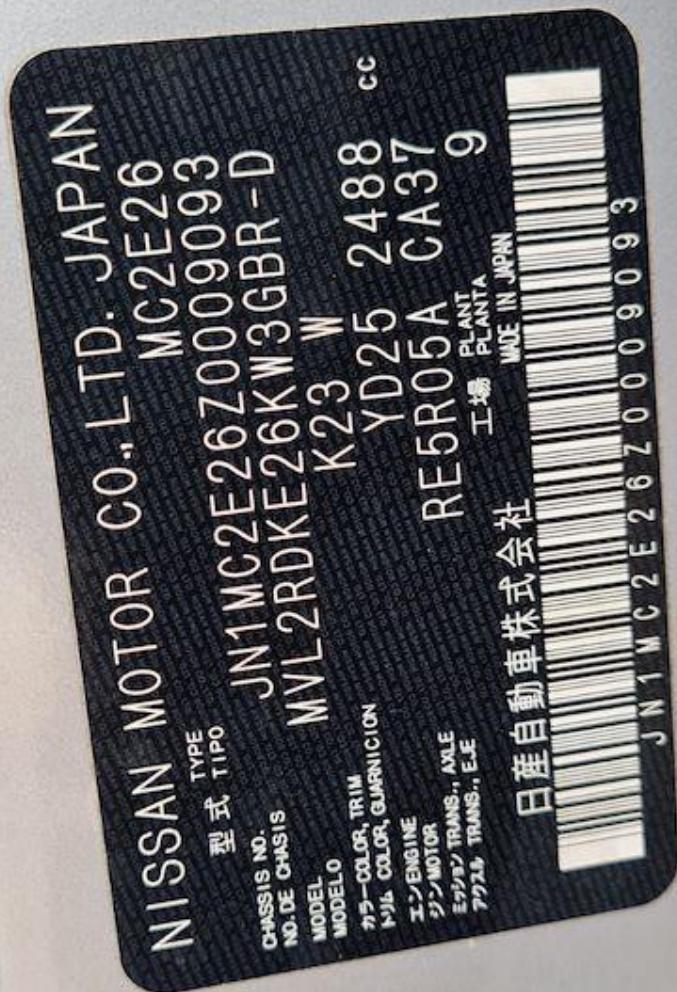


































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0910 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: 566550020G / GST Reg. No.: M40001773S

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. :	SJ0B21AI0002	Vehicle Registration No. :	GBG8240K
Name (as shown in NRIC) :	SIM KIM BOCK	NRIC/FIN/Passport No. :	S7009253J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate			
Address :	BLK 417 ANG MO KIO AVENUE 10 #11-1013 Singapore (560417)		
Contact (Tel) :	-	Mobile No. :	9325 9436
Email Address :	anntat@ymail.com		
Date of Accident :	16/10/2021	Time of Accident:	10:40 AM
Place of Accident :			
Insurance Company:	CHINA TAIPING INSURANCE		

(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:

ACCIDENT LOCATION SHOULD BE : NORTH CANAL ROAD

ATTACHED OF SCENE PHOTOS.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:









