

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 | OPENSOURCE 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 PLAN**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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.

Ann Tat Refrigeration & Air-con Services

Blk 665 Hougang Ave 4 #07-359

Singapore 530665

Tel: 6744 1937

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

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

DOA: 16/10/2021
10:40AM

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 rear left portion, upon checking, I realised that the collision was caused by GBJ 3687Y.

Declaration

We declare the foregoing particulars are true in every respect

1st Refrigeration & Air-con Services
 Blk 665 Hougang Ave 4 #07-359
 Singapore 530665
 Tel: 6744 1937

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

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

Witnessed by Reporting Centre
 Personnel









































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S60550020G / 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. : 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@gmail.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:































