

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 19/10/2021 15:18 (SGT)
Date of Accident 18/10/2021 16:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 465 CRAWFORD LANE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ1053E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CENTRAL IRON FURNISHING FACTORY PTE LTD
Company Reg No 1XXXXX067G
Email Address enquiry@central-iron.com.sg
Mobile Phone No (Phone) +65-64825030
Alternative Phone No (Office) +65-64825030

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85UH5A 3.0 MT
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 Commercial vehicle
Transmission Manual
CC 2999

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00075562102
Cover Note Number -

DRIVER

Name of Driver YU SHIZHONG
Passport No/FIN GXXXX548Q

Date Of Birth	20/01/1985
Occupation	Outdoor
Date Of Driving Pass	04/09/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82892158
Alt. Phone Number	-
Email Address	enquiry@central-iron.com.sg
Address	8 HOUGANG ST 92
Address complement	#09-05 REGENTVILLE
Postcode	538686
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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMN4625T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM XIN HUI
NRIC No	SXXXX323Z
Contact Number	(Phone) +65-91849366
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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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.

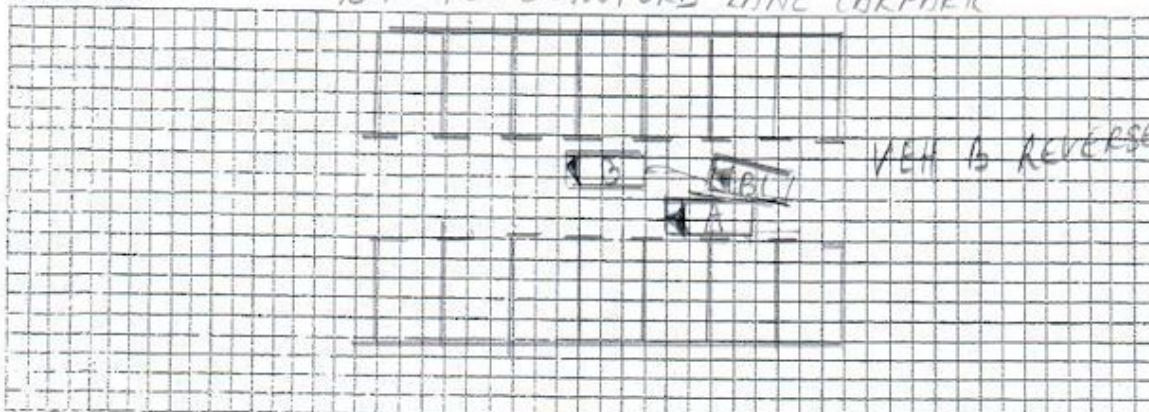


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - YQ1053E
B - SMN 4625T

Describe Circumstances of the Accident

My veh was stationary outside carpark lot at BLK 465
Crawford Lane carpark. Suddenly veh B reversed ~~to~~
veh and hit onto my rear right side portion of
my veh.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

YU SHI ZHONG 12:06 PM

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

2/ym 19/10/21

Witnessed by Reporting Centre
Personnel



















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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921AJ0003 Vehicle Registration No: 4Q10586
 Name (as shown in NRIC): YU SHI ZHONG NRIC/FIN/Passport No: GXXXX548Q
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 8 HOUGANG ST 92 H09-05 REGENTVILLE Singapore (538656)
 Contact (Tel): _____ Mobile No.: 82892158
 Email Address: _____
 Date of Accident: 18/10/21 Time of Accident: 1605
 Place of Accident: BLK 465 CRAWFORD LANE
 Insurance Company: CHINA TAIPIING

(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:

Revert from TP claims to Reporting only



Policyholder / Driver's Signature
Date:

YU SHI ZHONG
21/10/21

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

21/10/21