

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 17:33 (SGT)
Date of Accident	18/10/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 5 SLIP RD TWDS AMK AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4163X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAOHAN INDUSTRY PTE LTD
Company Reg No	2XXXXX349K
Email Address	haohanindustry888@gmail.com
Mobile Phone No	(Phone) +65-90073305
Alternative Phone No	+65-90073305

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCSNW00059742100
Cover Note Number	-

DRIVER

Name of Driver	NG CHUN BENG(HUANG JUNMING)
NRIC No	SXXXX134E

Date Of Birth	20/08/1978
Occupation	Outdoor
Date Of Driving Pass	10/10/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-96914437
Alt. Phone Number	-
Email Address	haohanindustry888@gmail.com
Address	BLK 105 JALAN BUKIT MERAH
Address complement	#06-1936
Postcode	160105
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	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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR667P
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

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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.



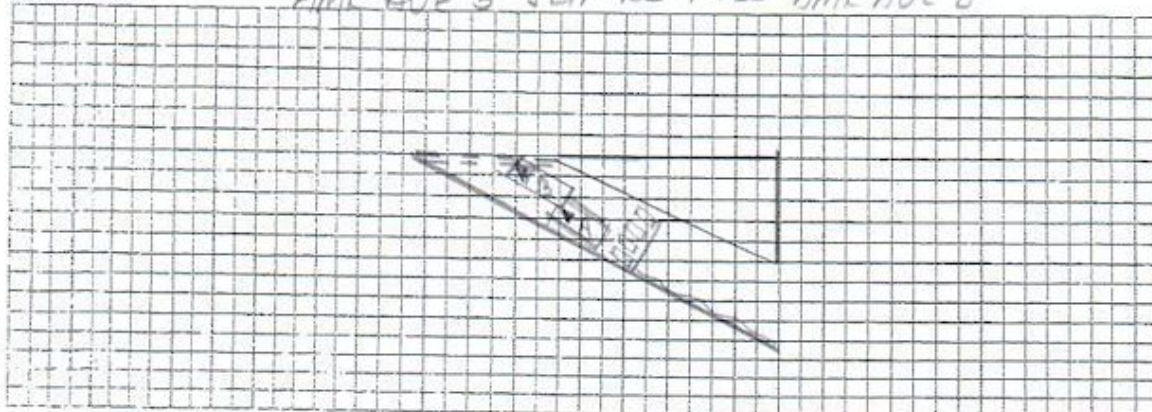
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AMK AVE 5 SLIP RD TWDS AMK AVE 8



A-GBH4163X
B-SLR667P

Describe Circumstances of the Accident

Pls refer to the attached statement.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

h 19/10/2021

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

hym 19/10/21

Witnessed by Reporting Centre Personnel

INCIDENT REPORTING

Date of incident: 18 Oct 2021

Vehicles involved:

- 1) Toyota Hi-Ace, vehicle plate number GBH1163X (under company Haohan Industry Pte Ltd)
- 2) Toyota Wish, vehicle plate number SLR667P (personal vehicle)

Time of incident: Between 3pm to 3:15pm

Location of incident: At exit of Ang Mo Kio Avenue 5 filter lane towards Ang Mo Kio Avenue 8

Video evidence: Yes, available

Photographs of incident: Yes, available

3rd party eye witness: No

Summary of incident:

Vehicle SLR667P was in front of vehicle GBH6143X and was preparing to move off. Seeing vehicle SLR667P beginning to move off, driver of vehicle GBH6143X decided to follow suit, but while checking for blindspots, the vehicle SLR667P came to a stop and due to this, the van could not stop in time and resulted in a minor collision. At the time, due to the raining condition, visibility was slightly reduced and the road condition was not optimal (road was wet and slippery).

The company wish to state that after a discussion with the driver of SLR667P, we will proceed with the insurance claims made against us and allow our insurers China Taiping to exercise just adjudication in the claims.

Regards,

Reporting Name: Yang Zhirong Kevin
Designation: Warehouse Manager
Company: Haohan Industry Pte Ltd




Driver Name: Ng Chun Beng
Designation: Goods driver
Company: Haohan Industry Pte Ltd













