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 witholding 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.

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 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 25/10/2021 17:07 (SGT) Date of Accident 22/10/2021 05:30 (SGT) Exact Location of Accident Lor 1 Geylang, Singapore Additional Location Information SLIP ROAD TOWARDS SIMS AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK9399J

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner EUROSWIFT RETAIL CREATIONS PTE. LTD.

Company Reg No 200822776M

Email Address thomas@euroswift.com Mobile Phone No (Phone) +65-81619399

Alternative Phone No +65-81619399

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200

Variant

Exact purpose for which vehicle was being used at time of **Employment** accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Commercial vehicle

Transmission Manual

CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMCVSNA00102552000

Cover Note Number

DRIVER

Name of Driver TAY HWEE HONG NRIC No. S7011496H

Date Of Birth 17/04/1970 Occupation Outdoor Date Of Driving Pass 20/02/1995 Driving experience 26 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-81619399 Alt. Phone Number Email Address thomas@euroswift.com Address 69 PASIR RIS GROVE #04-16 Address complement Postcode 518219 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNB5672B Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Address complement	
Accident report :	SN0821AP0009

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number
Address

Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident - No. Of Passenger (Including Driver) -

SKETCH PLAN

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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

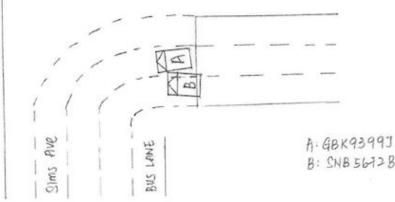
Policyholder's Signature / Date &

Time

Sketch Plan

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

Annessed by Reporting Centre Personnel



Describe Circumstances of the Accident
I was travelling along slip road of Lorong I Geylang
towards Sims Ave. While I keep to my lane and turn, I
suddenly felt a collision. When I look towards my left, I realised
vehicle B had a cullision with my rehicle. When I got down from
my vehicle, I saw there was a 8BS double decker bus stopped
along the bus lane with hazard light on along sims are about 50
metres away after the turn.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel













