

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 08/11/2021 18:13 (SGT)
Date of Accident 06/11/2021 19:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 612 WOODLANDS AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH3013C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ONG CONCRETE CONTRACTOR PTE LTD
Company Reg No 201411413R
Email Address enquiry@ongfencing.com
Mobile Phone No (Phone) +65-64816670
Alternative Phone No (Office) +65-64816670

VEHICLE PARTICULARS

Manufacturer Opel
Model Combo
Variant
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
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 No
Policy Number DMCVSNW00036502100
Cover Note Number 12/04/2021 - 11/04/2022

DRIVER

Name of Driver CHEN TIMOTHY JOSHU
NRIC No S83063621



Date Of Birth	08/03/1983
Occupation	Outdoor
Date Of Driving Pass	19/10/2005
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82186661
Alt. Phone Number	-
Email Address	chentimothyjoshua@gmail.com
Address	BLK 816B KEAT HONG LINK #18-63
Address complement	-
Postcode	682816
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	AFTER RAIN
Road Surface	DAMP

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

REFERR TO 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	SHB598L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-



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SKETCH PLAN

1. VEHICLE NO: 6BH30131
 2. INSURER CO: China
 3. ACCIDENT DATE & TIME: 06/11/21 @ 1945

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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' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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 claim;
 (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 making 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 firm/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 firm/law firms), which may be located 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

PLEASE TURN OVER



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Sketch Plan

A: 6BH 3013C
(Alone)

L: SHB 598L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: 6BH 3013C (China)

Date & Time: 06/11/21 @ 1945

(After rain/damp)

On the date mentioned date and time, I was turning from the road towards
 HK 612 when the taxi SHB 598L was approaching the MSCP. He knocked
 into the van 6BH 3013C while negotiating the bend. No injuries.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.



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

Reporting Centre Personnel's Signature:
 Name:
 HSC/PM No:

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim ODP at other workshop



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