

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	22/11/2021 19:22 (SGT)
Date of Accident	19/11/2021 12:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 687A WOODLANDS DRIVE 7 SERVICE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6116E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE (S)PTE LTD
Company Reg No	2XXXXX064W
Email Address	sayrazkhan@live.com
Mobile Phone No	(Phone) +65-93371048
Alternative Phone No	+65-93371048

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00140312100
Cover Note Number	-

DRIVER

Name of Driver	YUSMAN BIN YUSOF
NRIC No	SXXXX988D

Date Of Birth	01/12/1987
Occupation	Outdoor
Date Of Driving Pass	12/11/2013
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-85397172
Alt. Phone Number	-
Email Address	yusman87@gmail.com
Address	BLK 310 WOODLANDS ST 31
Address complement	#03-08
Postcode	730310
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	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	MUHAMAD AYUB BIN IDRIS
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

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	SKF2583J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
NRIC No	SXXXXX912H
Contact Number	(Phone) +65-97351722
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' 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.

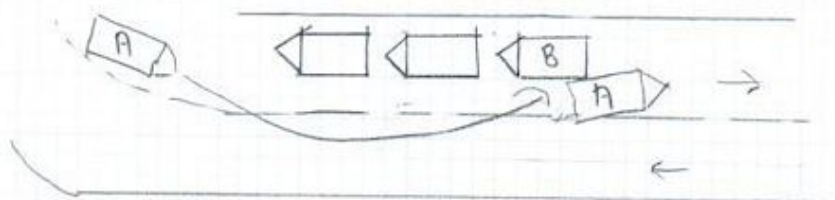

Policyholder's Signature / Date & Time

Yus 22/11/21
Driver's Signature (If driver is not the policyholder) / Date & Time

2/11/21
Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 687A WOODLANDS DR 7 SVC RD



A: YP6116E

B: SKF2583J

Describe Circumstances of the Accident

On 19th November 2021 at about 12.35pm at BIL 687A Woodlands drive 7 Somers Road I accidentally bang into the left side bonnet of a stationary car that was parked on my direction of way.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

YD 22/11/21

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

Shyam 22/11/21

Witnessed by Reporting Centre Personnel













CHASSIS NO	:	FEB30545202
UNLADEN WT	:	2400 2400 KG
MAX LADEN WT	:	4865 KG
PASSENGER CAP	:	1 DRIVER 2 OTHER
TYRE SIZE	:	(F) 205 / 75R16
	:	(R) 205 / 75R16(D)