

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 09/12/2021 17:04 (SGT)
Date of Accident 08/12/2021 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information EU TONG SEN ST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK8981J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BLU KOUZINA PTE LTD
Company Reg No 201014841E
Email Address jiaxuen@blukouzina.com
Mobile Phone No (Phone) +65-68750872
Alternative Phone No (Office) +65-68750872

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 150 5MT
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 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00011172100
Cover Note Number 22/01/21 - 21/01/22

DRIVER

Name of Driver YEO KUANG LENG
NRIC No S6931530E

Date Of Birth	06/09/1969
Occupation	Outdoor
Date Of Driving Pass	28/05/1992
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96602034
Alt. Phone Number	-
Email Address	dannyhew@blukouzina.com
Address	BLK 409 SEMBAWANG DRIVE #13-784
Address complement	-
Postcode	750409
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	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)	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

REFER ATTACHED

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	SH7740J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

1. VEHICLE NO.: GBK 8981J
 2. INSURER CO: China Taiping
 3. ACCIDENT
 DATE & TIME: 8/12/21 1pm

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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.

8A Admiralty Street
 #04-41 Singapore 757437
 CO/GST No: 201014841E
 NEA LICENCE No: CE07X63A000
 +65 6875 0872 // +65 9728 7514
 clukouzina@singnet.com

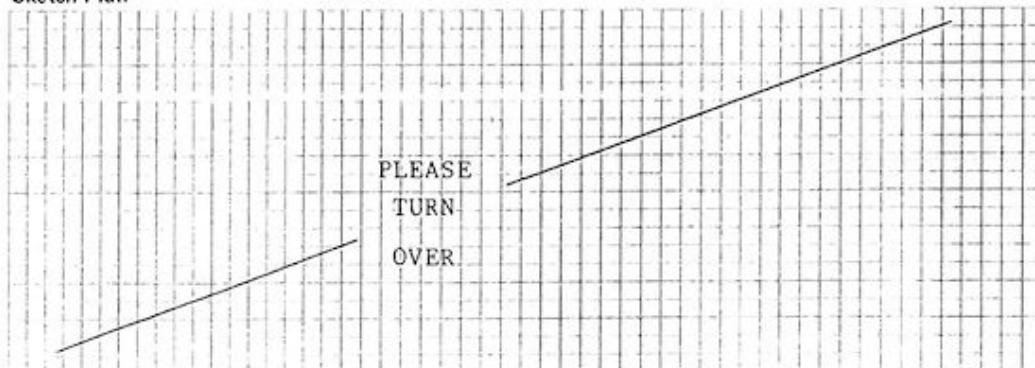
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



UPP cross st

A: GBK 8981J

B: SM7740J

Eu Tong Sen St

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: China Taiping

veh No: GBK8981J

DOA: 8/12/21 1 pm

I could not stop on time & collided onto SH7740J rear position.

Note : Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim

© 2011 Kluizina Under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

4-41. I/We declare the foregoing particulars are true in every respect.

D/GST No: 2016-17-0000000

A LICENCE TO. GEORGE WOOD

3 3870 6072 // 403 0140 1014

[Apostrophe](#)

Policyholder's Signature _____

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

() Claim Own Policy () Claim Third Party ☒ Reporting Only
() Claim OD/TP at other workshop ()

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











