

# 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 ..... 20/12/2021 18:58 (SGT)  
Date of Accident ..... 18/12/2021 12:25 (SGT)  
Exact Location of Accident ..... Woodlands Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN5345C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LINCOTRADE & ASSOCIATES PTE LTD  
Company Reg No ..... 1XXXXX725K  
Email Address ..... cindy@lincontrade.com.sg  
Mobile Phone No ..... (Phone) +65-88302588  
Alternative Phone No ..... (Office) +65-63668500

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fuso  
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 ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00055802103  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ISLAM MD ZIHADUL  
Passport No/FIN ..... GXXXX216M

Date Of Birth .....	31/12/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	14/10/2016
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88302588
Alt. Phone Number .....	-
Email Address .....	cindy@lincontrade.com.sg
Address .....	39 SUNGEI KADUT LOOP #02-01
Address complement .....	-
Postcode .....	729494
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) .....	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

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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJM7458E
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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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.
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

*[Signature]*

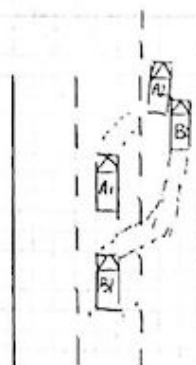
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 20/12/2021

Witnessed by Reporting Centre Personnel

## Sketch Plan

WOODLAND ROAD



A - YN5345C

B - SJM 7458E

Describe Circumstances of the Accident

On the stated time and date, I was driving my vehicle A bearing  
 YN5545C on Woodland Road, I wanted to change lane, I checked my  
 blind spot before changing and with my signal on, as the road was  
 cleared I start changing, suddenly vehicle B bearing SM7458E  
 appeared and the speed was fast, thus our vehicle collided.  
 We decided to private settle after the accident, and he went  
 to the workshop to repair his vehicle, but after awhile,  
 I received a call saying that the owner/driver decided to proceed  
 with insurance claim when the vehicle had been repaired half way.  
 Personal  
 Details of the other party who came to retrieve the half repaired  
 vehicle 'Garage 13 PTE LTD' attached name card for your reference.  
 I wish to state that there was no one injured during the accident and  
 I also overheard something about commission.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Chadul*

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

*20/12/2021*

Witnessed by Reporting Centre Personnel























**Edmund Yeo**

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Accident claims & repair  
Accident advisor  
Spray painting  
Panel beating

Bodykit  
Repair & servicing  
Roadside Assistance  
Towing









