

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 21/12/2021 20:56 (SGT)
Date of Accident 19/12/2021 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEDOK NORTH ST 3 BLK 576 LOADING BAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY353S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LAI HUAT ELECTRICAL ENGINEERING
Company Reg No 53257755L
Email Address laihuatpoh7@gmail.com
Mobile Phone No (Phone) +65-98573349
Alternative Phone No +65-98572249

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2986

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW0013442105
Cover Note Number 01/11/2021 - 31/10/2022

DRIVER

Name of Driver POH LAI HUAT
NRIC No S1201429E

Date Of Birth	07/03/1956
Occupation	Outdoor
Date Of Driving Pass	15/02/2005
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98573349
Alt. Phone Number	-
Email Address	laihuatpoh7@gmail.com
Address	BLK 31 LORONG 5 TOA PAYOH #05-661
Address complement	-
Postcode	310031
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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

REFER 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	SHD3519K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	JADI
Contact Number	(Phone) +65-96480010
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

1. VEHICLE NO.: 943535
 2. INSURER CO: China
 3. ACCIDENT DATE & TIME: 18/12/21 @ 0920

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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.

LAI HUAT ELECTRICAL ENGINEERING

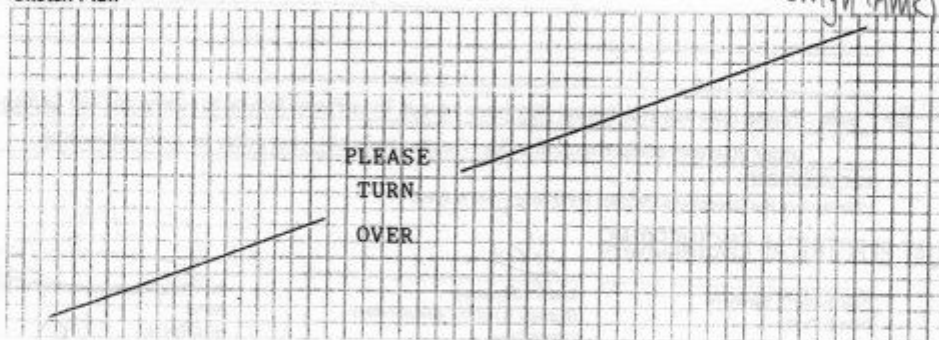
ENGINEERING

Policyholder's Signature / Date & Time

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

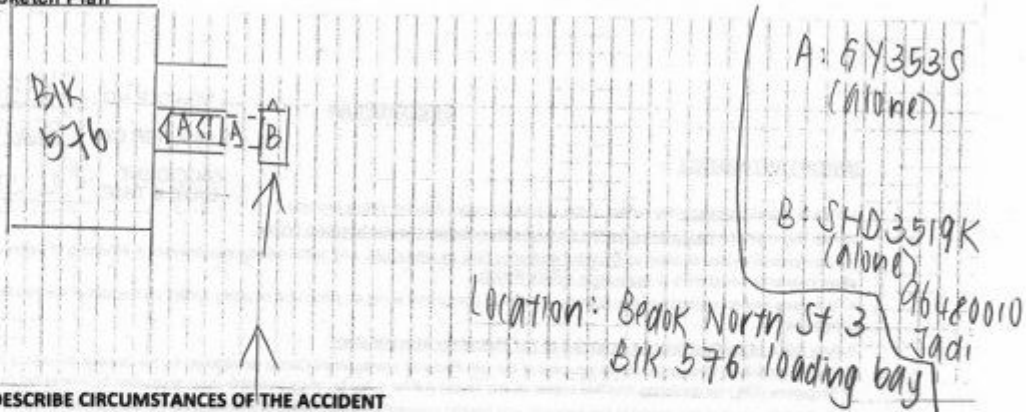
Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE
TURN
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: GY 353S (China)
Date & Time: 18/12/2021 @ 0920 (clear dry)

I check no vehicles behind and slowly reverse my van. Motor taxi SHD 3519K came from behind, overtook my vehicle and as a result, both vehicles collided. No one was injured.

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

DECLARATION

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

LAI HUAT ELECTRICAL ENGINEERING

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: (AMK)

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



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC0921CL0002 Vehicle Registration No: 9Y353S
 Name (as shown in NRIC): Poh Lai Huat NRIC/FIN/Passport No: S1201429E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 31 Loring 5 Top Payoh #05-661 Singapore (310031)
 Contact (Tel): _____ Mobile No.: 98573349
 Email Address: laihuatph7@gmail.com
 Date of Accident: 19/12/2021 Time of Accident: 10:30am
 Place of Accident: Bedok North St 3 Blk 576 loading bay
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to amend the date & time of the accident as:
19/12/2021 @ 1030 hr.

LAI HUAT ELECTRICAL ENGINEERING

[Signature]
 Policyholder / Driver's Signature
 Date: 22-12-21

Reporting Centre Personnel's Signature

Name: [Signature]
 NRIC/FIN No.: [Signature]
 Date: 22/12/21

GIARMC Addendum Form