

# 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 willful 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 ..... 04/01/2022 18:17 (SGT)  
Date of Accident ..... 04/01/2022 11:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 4004 DEPOT LANE CARPARK LOT 152  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA2144X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HVS PROPERTIES PTE LTD  
Company Reg No ..... 196800361G  
Email Address ..... julie\_18@gmail.com  
Mobile Phone No ..... (Phone) +65-88090293  
Alternative Phone No ..... +65-88090293

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... C-hr  
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 ..... Private hire  
Transmission ..... Auto  
CC ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00005372100  
Cover Note Number ..... 19/08/2021- 02/06/2022

### DRIVER

Name of Driver ..... YAP ZHIYANG  
NRIC No ..... S8814835E

Date Of Birth .....	21/04/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	31/12/2009
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88662144
Alt. Phone Number .....	-
Email Address .....	zhiyangyap@gmail.com
Address .....	BLK 441B BUKIT BATOK WEST AVE 8 #13-913
Address complement .....	-
Postcode .....	652441
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY2657C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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' 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.

1. VEHICLE NO.: 5MA2144X  
2. INSURER CO.: CHINA TAI PANG  
3. ACCIDENT DATE & TIME: 04/01/2022 11:55 hr 5.

Policyholder's Signature / Date & Time: 04/01/2022

Driver's Signature (if driver is not the policyholder) / Date & Time: 04/01/22

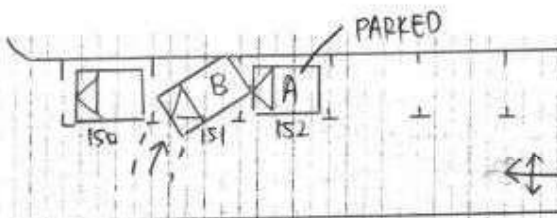
Witnessed by Reporting Centre Personnel: 04/01/22

Sketch Plan

PLEASE TURN OVER

Sketch Plan

4004  
DEPOT LANE  
CARPARK LOT  
152



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/01/2022 at about 1120 hours, I was alerted by the driver of vehicle B: GY2657C that he had collided into my vehicle A: SMA2144X. Upon reviewing the in car camera, vehicle B: GY2657C rear right portion had collided into the front portion of my vehicle A: SMA2144X causing damage. We took some photos and he passed me the contact of his superior. I wish to include that my vehicle A: SMA2144X was parked at point of accident.



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

Policyholder's Signature  
Date & Time: 04/01/2022

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/01/22

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

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
(x) Claim OD/TP at other workshop (OPTIMA WORKZ P/L)