

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	24/01/2022 14:48 (SGT)
Date of Accident	23/01/2022 08:48 (SGT)
Exact Location of Accident	234 Bukit Panjang Ring Rd, Block 234, Singapore 670234
Additional Location Information	BLK 234 BUKIT PANGJANG RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE7035T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALBA W&H SMART CITY PTE. LTD.

VEHICLE PARTICULARS

Manufacturer	Man
Model	Tgs
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	9037

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	ALOYSIUS WONG YU FENG
NRIC No	SXXXX887I
Address	BLK 755 YISHUN ST 72
Address complement	#09-252
Postcode	760755
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1

CIRCUMSTANCES OF ACCIDENT

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	SLF6215J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

SKETCH PLAN

IMPORTANT NOTICE

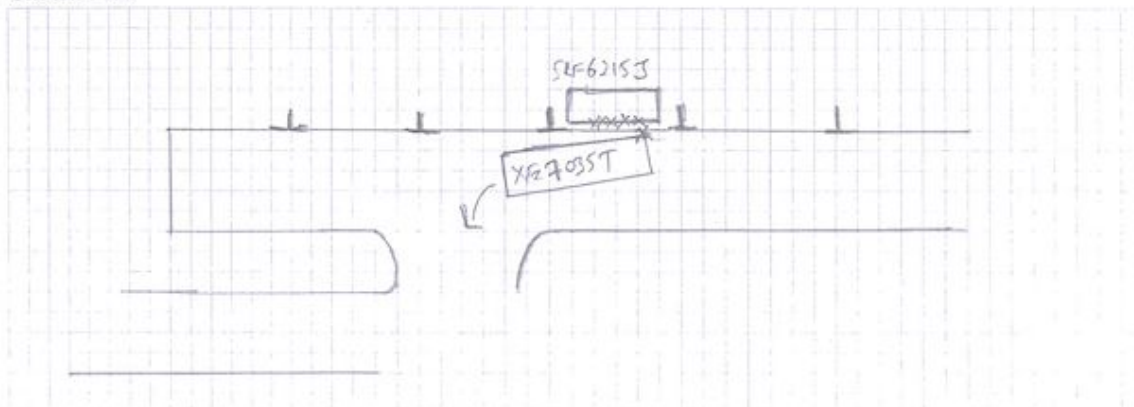
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 _____ Driver's Signature (if driver is not the policyholder) / Date & Time _____ Witnessed by Reporting Centre Personnel _____

Sketch Plan



Describe Circumstances of the Accident

On 23rd Jan 2022, Driver Alonsius Wong Yu Feng was assigned to drive WLYS CRO 1 route in Veh no. XE 7035T. At about 0845hrs, Alonsius was collecting recyclables at blk 234 Bukit Panjang Ring Rd carpark. After collecting the recyclables, Alonsius made a left turn to go to another location in the carpark to collect recyclables again. In the event of turning left, he grazed a stationary parked third party car, a grey Toyota car, number plated SLF 6215J, which was parked in a parking lot. Due to the his judgement when turning, our veh's rear right attendant's stepper grazed the third party's car's left front porch to the rear left passenger door, leaving dents & scratches on the car. No one was injured during this incident. Alonsius placed his name & contact number on the third party's windscreen. The owner contacted Alonsius at about 1108hrs & came to see Alonsius at Bukit Kit Rd @ abt 1230hrs. They then exchanged particulars & left the scene after that.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel







