

# 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 .....	14/02/2022 11:38 (SGT)
Date of Accident .....	11/02/2022 16:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CHANGI EXIT PAYA LEBAR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YM5128T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SPEEDWAY RECOVERY SERVICE
Company Reg No .....	5XXXX287J
Email Address .....	celinesekcc@gmail.com
Mobile Phone No .....	(Phone) +65-94753799
Alternative Phone No .....	+65-84369169

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	NHR69C
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 .....	3059

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	DMCVSNW00027792102
Cover Note Number .....	-

### DRIVER

Name of Driver .....	NG CHOON KEAT
NRIC No .....	SXXXX726H

Date Of Birth .....	05/04/1979
Occupation .....	Outdoor
Date Of Driving Pass .....	03/06/2005
Driving experience .....	16 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84369169
Alt. Phone Number .....	-
Email Address .....	celineseccc@gmail.com
Address .....	BLK 143 LORONG 2 TOA PAYOH
Address complement .....	#10-182
Postcode .....	310143
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SHANMUGAM PILLAI RAJESH
Gender .....	Male

#### 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

PLS REFER TO THE ATTACHED 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 .....	SLT3237S
Vehicle Manufacturer .....	Nissan
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****IMPORTANT NOTICE**

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6. The 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.
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 &amp; Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A = YM 5128T (G8B 2941L)

B = SLT 3237S

 PIE towards Changi  
Exit Paya Lebar


## Describe Circumstances of the Accident

While towing vehicle GBB 2941L along PIE towards Changi Exit Paya Lebar, in front of my vehicle stopped so i followed suit. Suddenly vehicle B (SLT 3237S) came from behind and hit onto the vehicle that i tow (GBB 2941L) on the rear portion.

## 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









































**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: SN09222E0002 Vehicle Registration No: Ym 5128 T  
 Name (as shown in NRIC): Ng Choon Keat NRIC/FIN/Passport No: S 7986726 H  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 143 Lorong 2 Toa Payoh #10-182 Singapore (3/0143)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8436 9169  
 Email Address: calinsekcc@gmail.com  
 Date of Accident: 11/02/2022 Time of Accident: 16:40  
 Place of Accident: PTE towards Changi Exit Paya Lebar.  
 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:

1) Add in in car cam  
 (The jump at the end because the vehicle A was hit by the vehicle B from behind.)



Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Renee  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 17/02/2022

GIA/RIAC Addendum Form