# **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 witholding 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

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 **Employment** accident

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

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 Mobile Number (Phone) +65-84369169 Alt. Phone Number Email Address celinesekcc@gmail.com Address **BLK 143 LORONG 2 TOA PAYOH** Address complement #10-182 Postcode 310143 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 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) 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

Private car

Accident report SN09222E0002
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Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

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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- 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. 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)

Lunderstand, 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) w ho 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
- (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
- (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 Parposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

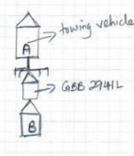
Personnel

Sketch Plan

A= YM 5128T (GBB 2941L)

B = SLT 3237S

PIE towards Changi Exit Paya Lebar



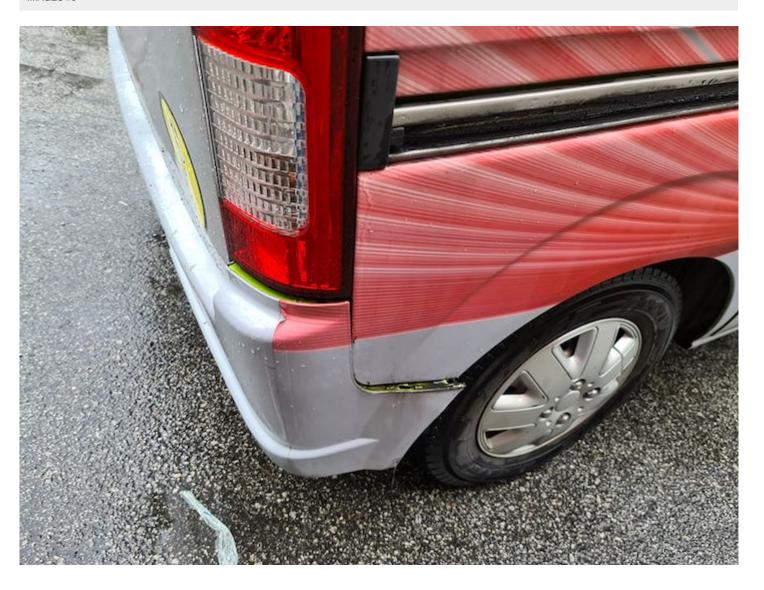
While touring which	the Accident le GBB 2941L along PIE towards Cha followed Suit. Suddenly vehicle B . that i tow (GBB 2941L) on the re	nai Exit Pava Lebar	infront of
vehicle storeed so i	followed suit. Suddenly vehicle B	(SLT 32375) can	e Arm behind
I hit outs the vehicle	that i tow (GBB 2941L) on the 10	ar makion:	
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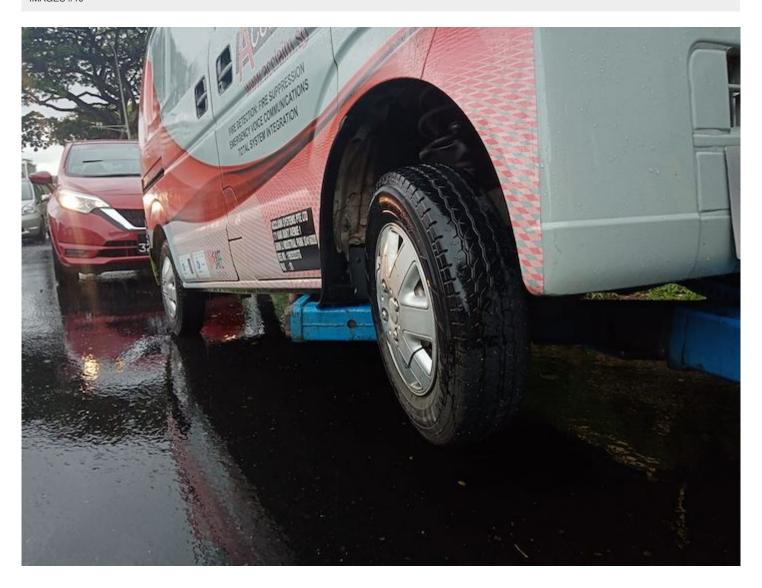
















ADD	ENDUM
A) PARTICULARS OF PERSON MAKING THE AMEND	MENTS:
	Vehicle Registration No: \m 5128 \tau
	NRIC/FIN/Passport No: S 7986726 H
(*Vehicle Driver/Vehicle Owner) (*) Please delete	AND THE RESERVE OF THE PROPERTY OF THE PROPERT
Address: 18/k 143 Lorong 2 Toa Payot	#10 - 182 Singapore (3/o143)
Contact (Tel):	# 10 - 182 Singapore (3/0143)  Mobile No.: 8436 9/69
Email Address: Caline Sekcc@gmail . com	
Date of Accident: 11/02/2022	7/:40
	Exit Paya Lebar.
Insurance Company: CHINA TAIPING.	
ADDYYVALLA ELIZABETH AND	
ADDITIONAL INFORMATION / AMENDMENTS:	
I have made a report on the above-mentioned assistance	dent and would like to include additional information or
make the following amendments:	dent and would like to include additional information or
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AMM SERVICE	P
Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature
Policyholder / Driver's Signature	Reporting Centre Personnel's Signature

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