

# 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 ..... 16/02/2022 10:34 (SGT)  
Date of Accident ..... 16/02/2022 08:19 (SGT)  
Exact Location of Accident ..... Geylang, Singapore  
Additional Location Information ..... JUNCTION WITH HAIG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL2489Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DUNDEE  
Company Reg No ..... 5XXXX032A  
Email Address ..... laukweemeng@yahoo.com  
Mobile Phone No ..... (Phone) +65-98623655  
Alternative Phone No ..... +65-98623655

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00086472100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAU KWEE MENG  
NRIC No ..... SXXXX346I

Date Of Birth .....	08/03/1968
Occupation .....	Indoor
Date Of Driving Pass .....	06/01/1993
Driving experience .....	29 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98623655
Alt. Phone Number .....	-
Email Address .....	laukweemeng@yahoo.com
Address .....	BLK 94C BEDOK NORTH AVENUE 4 #05-1389
Address complement .....	-
Postcode .....	462094
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 .....	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 .....	DAUGHTER
Gender .....	Female

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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

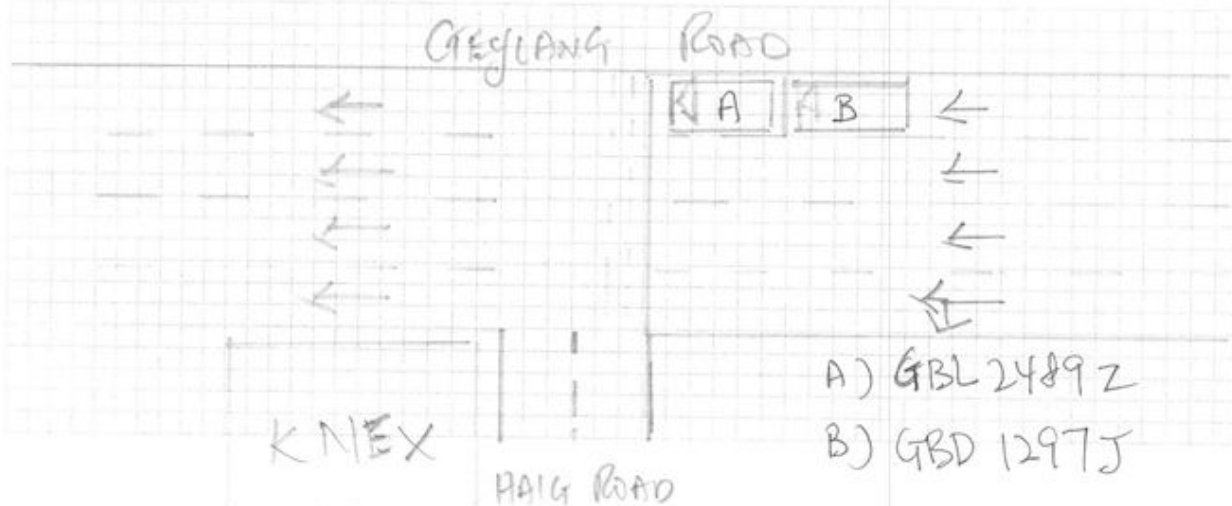
Vehicle Registration Number .....	GBD1297J
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv350
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	SHAFIQ
Passport No/FIN .....	GXXXX160W
Contact Number .....	(Phone) +65-90951189
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

09.57am  
 Policyholder's Signature / Date & Time: Chandray 16 Feb 2022  
 Driver's Signature (if driver is not the policyholder) / Date & Time: 09.57am Chandray 16 Feb 2022  
 Witnessed by Reporting Centre Personnel: 16/02/2022

**Sketch Plan**

**Describe Circumstances of the Accident**

At about 8.19am on 16 Feb 2022, when I was traveling along Geylang Road, towards Paya Lebar at the junction of Haig Road (at the pedestrian crossing of KRC and Tanjong Katong Complex).

The traffic light turns to "amber" and I was slowing down and stopped at the traffic light.

Then this Nissan NV350 was traveling at a high speed and knocked my vehicle from behind.

Photos of the two vehicles and videos before and after the accident was captured and presented to Idac.

Thank you.

**Declaration**

We declare the foregoing particulars are true in every respect.

09.57am  
16 Feb 2022

Policyholder's Signature / Date & Time

09.57am  
16 Feb 2022

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

16/02/2022

Witnessed by Reporting Centre Personnel



























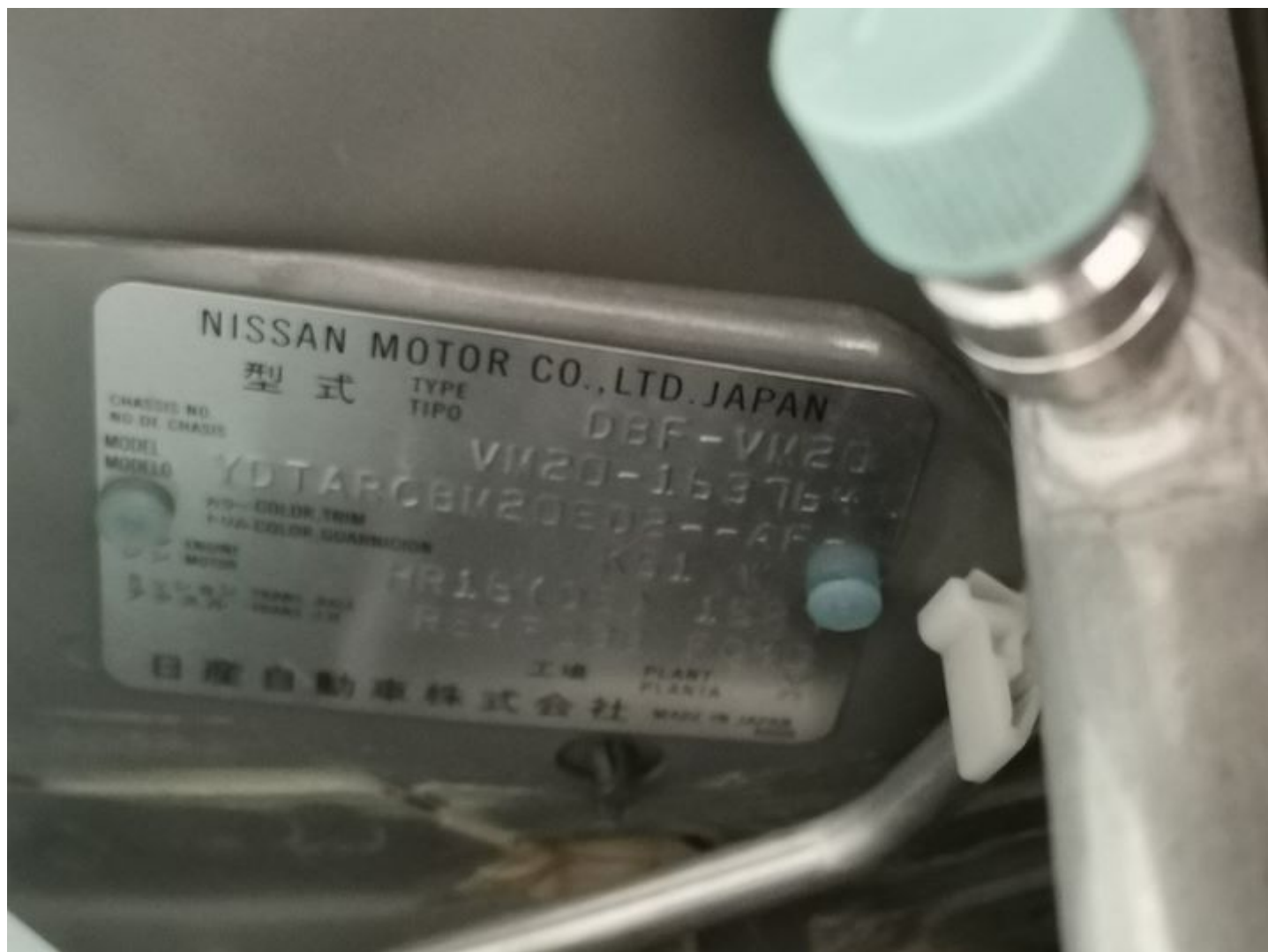












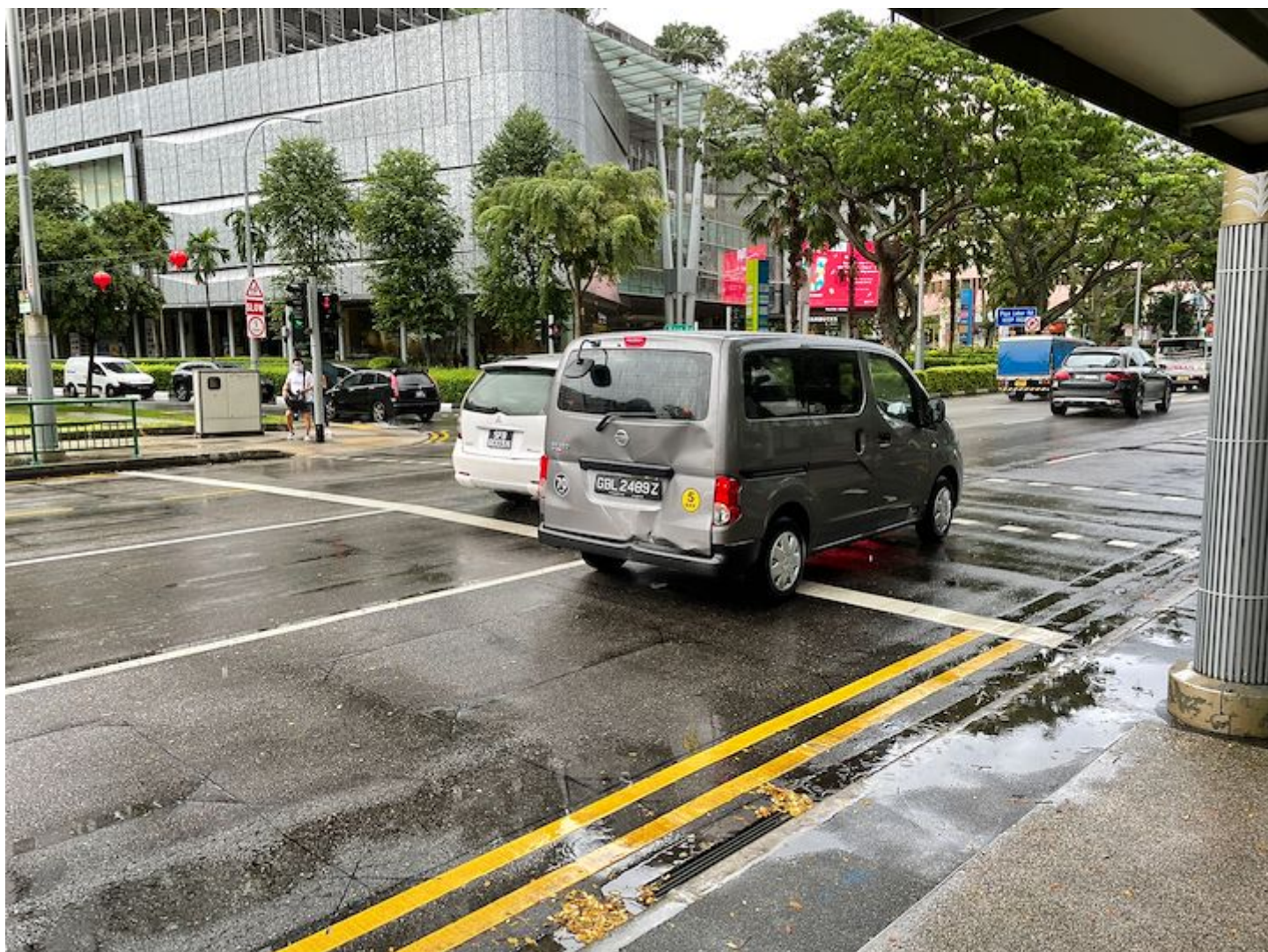




































































Cyber Yard Ent Pte Ltd

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E: cyberyarent@gmail.com  
Facebook: Cyber Yard Ent Pte Ltd  
Reg No: 201815408W GST No: 201815408W

Date

17/7/21

**PARTICULARS OF BUYER / SELLER**

Name: Dunde Nric / ROC No: 53439032A  
Address: 94C Babb North Ave 4 #05-1389 S 462094  
Contact No (HP): 98623655 Office: \_\_\_\_\_ Home: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PARTICULARS OF VEHICLE - PURCHASE / SALE**

VEH REGN NO.	<u>GBL 2489Z</u>	PETROL / DIESEL	<u>P</u>	LIST PRICE	\$ <u>55,879/2</u>
MAKE	<u>Nissan</u>	OWNER	<u>1</u>	PRICE AGREED	\$ <u>52,879/2</u>
MODEL	<u>NU200</u>	LADEN		LOAN AMOUNT	\$ <u>—</u>
TYPE OF BODY		UNLADEN		DOWNPAYMENT	\$ <u>—</u>
DATE OF REGN	<u>26/4/21</u>	YOM		LTA TRANSFER FEE	\$ <u>25</u>
ENGINE NO.		COLOUR	<u>Grey</u>	MISC	\$ <u>—</u>
CHASSIS NO.				ADMIN FEE	\$ <u>—</u>
OMV VALUE		PARF		ADV INSTALLMENT	\$ <u>—</u>
COE VALUE		EXPIRY	<u>25/4/31</u>	INSURANCE	\$ <u>1323.24</u>
REMARKS	<u>Free Sale, wooden Plank, Carpet.</u>			TOTAL	\$ <u>54227.24</u>
				LESS DEPOSIT	\$ <u>20000/2</u>
				LESS TRADE IN	\$ <u>15000/4</u>
				NETT PAYABLE	\$ <u>19227.24</u>

**PARTICULARS OF TRADE IN VEHICLE**

VEH REGN NO.	<u>GX2103I</u>	ORD	<u>27/1/05</u>	PRICE AGREED	\$ <u>15000/2</u>
MAKE & MODEL	<u>Toyota Litec</u>			OUTSTANDING AMT	\$ <u>—</u>
HP COMPANY				LESS DEPOSIT	\$ <u>—</u>
DUE DATE				BALANCE	\$ <u>—</u>

**INSURANCE**

INSURANCE CO: \_\_\_\_\_ \$ \_\_\_\_\_  
PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
OWN EXCESS \$ \_\_\_\_\_ OTHERS \_\_\_\_\_

**FINANCE PAYABLE**

LOAN AMOUNT \$ \_\_\_\_\_  
RATE & TERMS % \_\_\_\_\_  
FINAL INSTALLMENT \$ \_\_\_\_\_

\* In the event of the purchaser's & failing to pay the balance, the vendor shall have the right to seize the car and forfeit the deposit paid by the purchaser

\* It is agreed that the buyer will fully responsible for the vehicle for any illegal acts which may arise from the use thereof including traffic offences as from

19/7/21

4.45

\* I confirm that I have viewed the vehicle and wish to purchase in the condition of as and where it is at the time of purchase

Received amount of

CASH \$ 20000 Cash 46

CHEQUE / CO NO \$ 19227.24

AUTHORISED SIGNATORY

NAME:

SIGNATURE OF SELLER/ BUYER

NAME: