

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	14/03/2022 17:36 (SGT)
Date of Accident	12/03/2022 17:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF BUKIT BATOK RD & BUKIT BATOK WEST AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7837B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GAO EXPRESS TOWING SERVICES
Company Reg No	5XXXX603L
Email Address	jim.koh@hotmail.com
Mobile Phone No	(Phone) +65-90090092
Alternative Phone No	+65-90090092

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NHR85AUE4A R1
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	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00154162100
Cover Note Number	-

DRIVER

Name of Driver	TAN WENG SANG
NRIC No	SXXXX884J

Date Of Birth	25/06/1972
Occupation	Outdoor
Date Of Driving Pass	16/12/2003
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96349229
Alt. Phone Number	-
Email Address	jim.koh@hotmail.com
Address	71 SOO CHOW WALK
Address complement	-
Postcode	575371
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	Side Swipe
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)	1
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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR6511P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX661D
Contact Number	(Phone) +65-91387576

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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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 the (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 insurer's lawyers/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 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) My Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation, and management in present and all future claims.
 - (e) The information so collected under (d) above may be shared/ disclosed.
 - (i) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - For complying with requirements under any regulations, laws, or court orders.



Policyholder's Signature

Date & Time:

X

Driver's Signature

(If driver is not the policyholder) Name:

Date & Time:

14/03/22

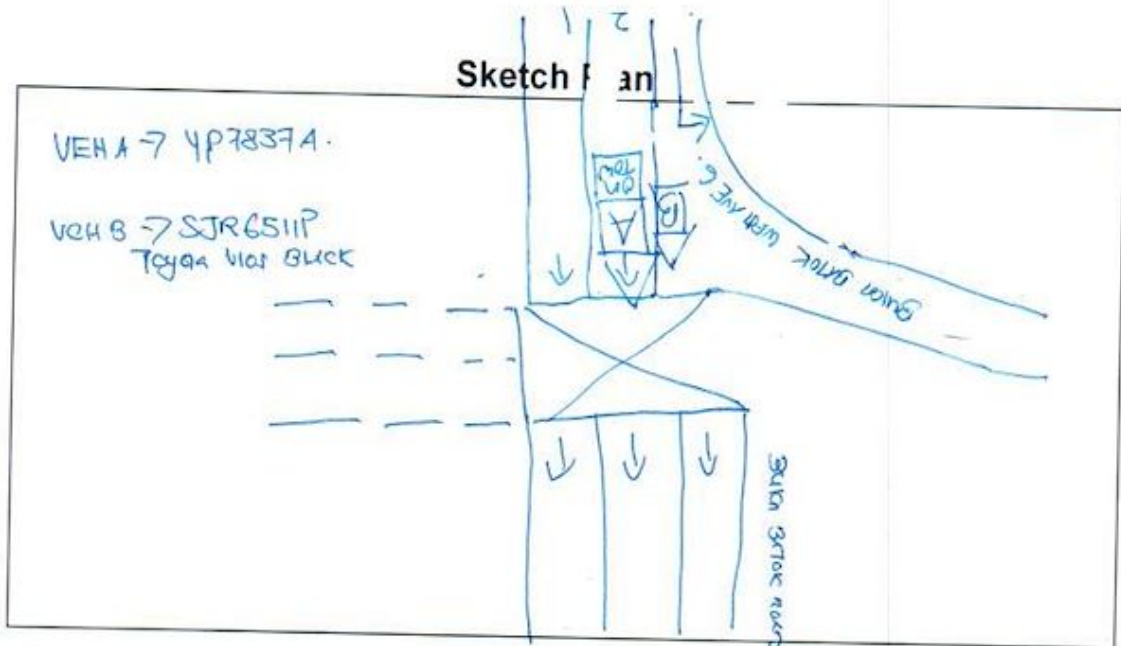
Reporting Centre Personnel's Signature

NRIC/FIN No:

I hereby authorise SME Motor P/L Send my accident report to:

reports@maxmotors.com.sg





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12/03/2021, I was travelling along Bukit Batok road on lane 2 on towed with a comfort taxi on my tow truck 4P7837A. It was raining heavily, when I come to a stop at a traffic junction, suddenly a car SJR6511P Toyota Vios alighted from his car and came knock onto my driver side window. I asked him what happen? He claims that I had hit his vehicle and never stop to render help at all. I immediately inform my boss about it. My boss retrieved our CCTV on board and realise that vehicle B had collided onto the left rear portion of my vehicle A while vehicle B miss judge the lane. Vehicle B was travelling on the extreme left lane which suppose to turn left into Bukit Batok West Ave from Bukit Batok road. However vehicle B did not turn left and went straight instead. This resulted his vehicle and collided onto my vehicle A. CCTV had shown that my vehicle A was all the while on lane 2.

DECLARATION

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

Policyholder's Signature
Date & Time

1253152603L

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

chym 14/03/22
Reporting Centre Personnel's Signature
Name:
NRIC / FIN NO:



