

# 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 .....	30/03/2022 16:41 (SGT)
Date of Accident .....	29/03/2022 10:13 (SGT)
Exact Location of Accident .....	Jurong East Street 11, Singapore
Additional Location Information .....	TOWARDS IMM
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH8393Y
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KYC SCAFFOLDING PTE LTD
Company Reg No .....	2XXXXX602C
Email Address .....	clementtan74@gmail.com
Mobile Phone No .....	(Phone) +65-96885310
Alternative Phone No .....	+65-96885310

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00120102103
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN YEE HIAN (CHEN WEIXIAN)
NRIC No .....	SXXXX890J

Date Of Birth .....	22/05/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	06/06/1997
Driving experience .....	24 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96885310
Alt. Phone Number .....	-
Email Address .....	clementtan74@gmail.com
Address .....	BLK 414 JURONG WEST STREET 42 #06-799
Address complement .....	-
Postcode .....	640414
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ISLAM ARIFUL
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
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

PLEASE REFER TO SKETCH PLAN

#### 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 OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ534R
-----------------------------------	--------

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LOW KIM TECK
Contact Number .....	(Phone) +65-96623684
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	XD5338M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LIU CHUN YANG
Contact Number .....	(Phone) +65-83607389
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	GBK7699G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RUDY SANTHOU
Contact Number .....	(Phone) +65-92228109
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ISLAM ARIFUL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBH8393Y
Were seat belts worn? .....	Yes

Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

## 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 willful 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. 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 the Insurers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X



Policyholder's Signature / Date &amp; Time

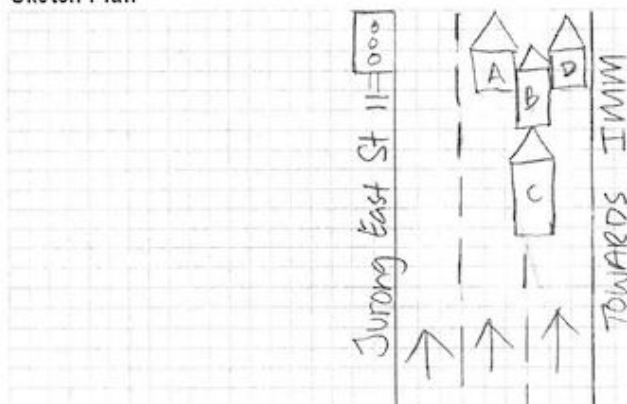
X

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

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Vehicle A : GBH 8393Y  
 Vehicle B : YQ 534R  
 Vehicle C : XD 5338m  
 Vehicle D : GBK 7699G

Describe Circumstances of the Accident

On the above mentioned date and time, I am travelling along Jurong East Street 11. And as the traffic light turn red I slowed down and stop behind the stop line. After few second I felt an impact and I realise Vehicle B hit onto my Vehicle driver side and Vehicle D (GPK7699G) Passenger side and after checking further I realise there's another Vehicle C (XD5338M) hit onto vehicle B. Total 4 vehicles involved.

Declaration

We declare the foregoing particulars are true in every respect.

X



X

Clement

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

30/03/2022

































