

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 10:08 (SGT)
Date of Accident 26/03/2022 14:10 (SGT)
Exact Location of Accident 18C Holland Dr, Singapore 274018
Additional Location Information DRIVEWAY @ HOLLAND DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK361B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner REEFERTEC PTE LTD
Company Reg No 1XXXXX597C
Email Address joseph.lee@engkong.com
Mobile Phone No (Phone) +65-68620438
Alternative Phone No (Office) +65-68620438

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D18MFL0002152_03
Cover Note Number -

DRIVER

Name of Driver OH CHONG GUAN, ROYDEN
NRIC No SXXXX822C

Date Of Birth	16/03/1986
Occupation	Outdoor
Date Of Driving Pass	29/05/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96399870
Alt. Phone Number	-
Email Address	joseph.lee@engkong.com
Address	BLK 18D HOLLAND DRIVE #13-431
Address complement	-
Postcode	275018
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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

I WAS DRIVING VEHICLE (GBK 361B) THRU THE HOLLAND DRIVE BLOCK 18C TOWARDS THE MULTI-STORY CARPARK TO PARK THE VEHICLE. WHILE DRIVING THRU THE MINOR ROAD SLOWLY, THERE WAS A TAXI VEHICLE (SHA 3787T) AT THE POINT UP DROP OFF POINT. I PROCEED TO DRIVE PASS THE TAXI AS IT WAS A 2-WAY TRAFFIC ROAD. WHILE TAXI DRIVER DID NOT NOTICE ME AND MAKE A THREE-POINT TURN IN A TWO-WAY TRAFFIC AND HIT THE SIDE OF MY VEHICLE. I IMMEDIATELY STOP MY VEHICLE AND CHECK BOTH THE DRIVER AND THE VEHICLE CONDITION. WE TOOK SOME PHOTOS OF BOTH VEHICLE AND EXCHANGE PARTICULARS.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3787T
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

Name of Driver	GOK CHENG KIAN
NRIC No	SXXXX268J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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 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' 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 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' 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

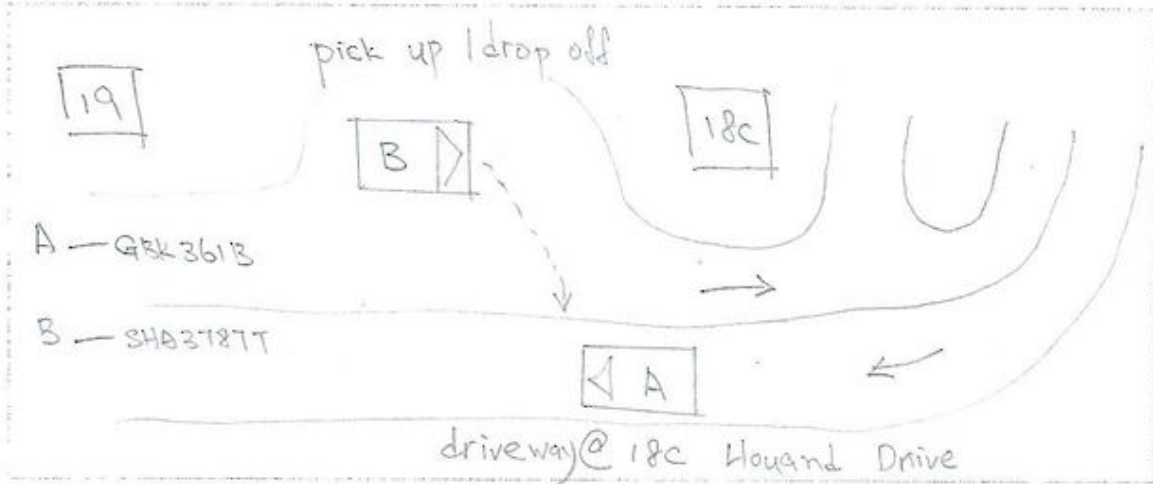
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



STANDARD ACCIDENT REPORT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle (G8K361B) thru the holland drive block 18c towards the multi-story carpark to park the vehicle while driving thru the minor road slowly, there was a taxi vehicle (SHA3787T) at the point up drop off point. I proceed to drive pass the taxi as it was a 2-way traffic road. while taxi driver did not notice me and make a three-point turn in a two-way traffic and hit the side of my vehicle. I immediately stop my vehicle and check both the driver and the vehicle condition. we took some photos of both vehicle and exchange particulars.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



[Signature]























