

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 19/04/2022 17:39 (SGT)
Date of Accident 13/04/2022 13:55 (SGT)
Exact Location of Accident 58 Toh Tuck Rd, Singapore 596747
Additional Location Information SIGNATURE PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7227X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG SOON CHYANG
NRIC No SXXXX399H
Email Address fullstop423@gmail.com
Mobile Phone No (Phone) +65-93242009
Alternative Phone No +65-93242009

VEHICLE PARTICULARS

Manufacturer Toyota
Model Coaster
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 Bus
Transmission Manual
CC 4104

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNW00012622101
Cover Note Number -

DRIVER

Name of Driver HUSSIN BIN WAHID
NRIC No SXXXX164F

Date Of Birth	05/12/1954
Occupation	Outdoor
Date Of Driving Pass	24/03/1981
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93242009
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 679 CHOA CHU KANG CRESCENT #10-588
Address complement	-
Postcode	680679
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 - Head to Rear
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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SCHOOL CHILDREN
Gender	Male

PASSENGER 2

Name	SCHOOL CHILDREN
Gender	Female

PASSENGER 3

Name	SCHOOL CHILDREN
Gender	Male

PASSENGER 4

Name	SCHOOL CHILDREN
Gender	Female

PASSENGER 5

Name	SCHOOL CHILDREN
Gender	Male

PASSENGER 6

Name	SCHOOL CHILDREN
Gender	Female

PASSENGER 7

Name	SCHOOL CHILDREN
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? No
Was there any audio recorded? No


DETAILS OF OTHER VEHICLE PROPERTY 1

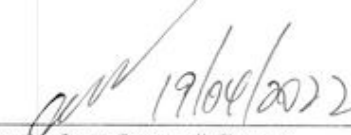
Vehicle Registration Number SFD55A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT 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.

x 
Policyholder's Signature Date
& Time:

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

 19/04/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SIGNATURE PARK



A: CB 7227X
B: SFD SSA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving along Signature Park, suddenly got 1 ladie say I hard her vehicle (B), I didn't feel anything from my vehicle (A).


A: CB 7227X
B: SFD SSA

DECLARATION

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


Policyholder's Signature Date & Time:

4304MC SketchPlanForm V.2


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


Reporting Centre Personnel's Signature
Name: 19/04/2022
NRIC/FIN No.:















