

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	26/04/2022 11:37 (SGT)
Reported by	Driver
Date of Accident	21/04/2022 13:00 (SGT)
Exact Location of Accident	46 Jln Bukit Ho Swee, #01 896, Singapore 160046
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1528B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANSCEND FURNISHING LIMITED LIABILITY PARTNERSHIP
Company Reg No	T18LL0886E
Email Address	574430501@QQ.COM
Mobile Phone No	(Phone) +65-89318482
Alternative Phone No	+65-89318482

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00031992201

DRIVER

Name of Driver	ZHU ZHI QUAN
Passport No/FIN	G7959405P
Date Of Birth	24/03/1980
Occupation	Outdoor

Date Of Driving Pass	08/02/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89318482
Alt. Phone Number	-
Email Address	574430501@QQ.COM
Address	BLK 602 ANG MO KIO AVE 5 #05-2645
Address complement	-
Postcode	560602
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	No Collision
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ZHANG ZAI XING
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

REFER TO SKETCH PLAN ***ADDENDUM TO CHANGE DATE OF ACCIDENT TO 21/04/2022***

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7367K
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	GOH SOON HAK
NRIC No	S1591766J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	RIGHT FRONT
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON 22/4/2022, 1pm. I WAS REVERSING my vehicle in the CARPARK of BIK 46 SALAN BUKIT HO SWEE. It was Raining Heavily AND I DID NOT SEE ANY CAR while REVERSING. After I complete my parking, the DRIVER of SHC #67367K came to me and say I knock onto his right front of his TAXI. There are not DAMAGE to my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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' 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.



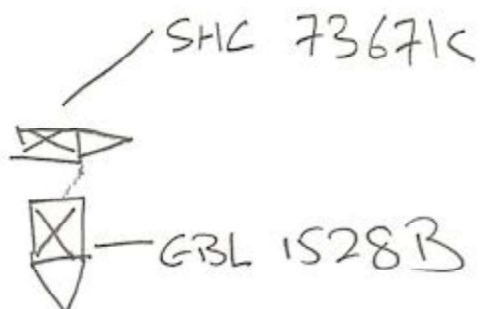
Policyholder's Signature / Date & Time

李松 25/04/22 16:25

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

Witnessed by Reporting Centre Personnel

Sketch Plan



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC0W224P0005 Vehicle Registration No: GBL 1528 B
 Name (as shown in NRIC): TRANSCEND FURNISHING PARTNERSHIP NRIC/FIN/Passport No: T18LL0886 E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 602 AMIC Ave 5 #05-2615 Singapore 560602
 Contact (Tel): _____ Mobile No.: 89318482
 Email Address: 574436501@QQ.COM
 Date of Accident: 22/4/22 Time of Accident: 1pm
 Place of Accident: Blk 46 SALON Bukit HU SWEE CARPARK
 Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CHANGE DATE OF ACCIDENT TO 21/04/2022



Policyholder / Driver's Signature
Date:

[Signature]

[Signature]

Reporting Centre Personnel's Signature

Name: Sally
 NRIC/FIN No.: 184 Z
 Date: 29/6/22