

# 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 ..... 27/04/2022 13:04 (SGT)  
Date of Accident ..... 27/04/2022 06:45 (SGT)  
Exact Location of Accident ..... 20 Benoi Cres, Singapore 629983  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC2738L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... YZ TRANSPORT SERVICES  
Company Reg No ..... 53187806J  
Email Address ..... yztransportservice@gmail.com  
Mobile Phone No ..... (Phone) +65-90884418  
Alternative Phone No ..... +65-90884418

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... LT134P  
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 ..... 7790

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNA00009772100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DAVID SIM HAI CHEOK  
NRIC No ..... S1421298A

Date Of Birth .....	19/09/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	03/01/1984
Driving experience .....	38 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90884418
Alt. Phone Number .....	-
Email Address .....	yztransportservice@gmail.com
Address .....	BLK 208 BOON LAY PLACE #09-169
Address complement .....	-
Postcode .....	640208
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 - Major/Minor Rd
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

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 .....	GBB528K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

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

# SKETCH PLAN

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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 Risk Research Management Centre established by the National Insurance Association of Singapore (NIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging 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

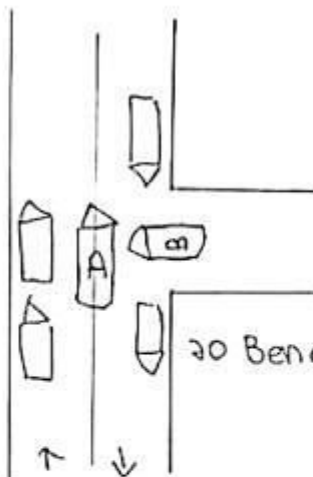
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may have permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and to use and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (collectively, all insurers) and to all vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers' Terms/Policy Form, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the protection of
- (b) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (c) in vestigating the accident and/or my claims;
- (d) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (e) administering my claims (including the making of correspondence, statements, notices, 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 for the material issues of insurance/claim packages); and/or
- (f) 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 have permitted to collect, use, disclose and/or process my personal information for use in more of the above purposes; and
- (c) my personal information may also be disclosed by any of the Insurers' lawyers/law firms to all other relevant persons or agents (including their lawyers/law firms), which may be used outside of Singapore, for use in more of the above purposes;
- (d) my personal information will also be collected and used to compile claims history for the purpose of input data into investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed
- (f) to all insurers and/or any other third parties that assist in mediation, investigating, controlling or managing third parties, law enforcement and government agencies as reasonably required for the purposes stated, or
- (g) for complying with requirements under any regulations, laws or court orders.

Police Officer's Signature  
Date & Time

Driver's Signature  
(If driver is not the police officer)  
Date & Time

Reporting Officer's Signature  
Name  
Date & Time

SKETCH PLAN



A-PC 2738L

B-GBB 528F.

20 Benoi Crescent.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27/11/2022 around 0645hrs, I was driving my Bus 20 Benoi Crescent. My Bus was travelling straight, I saw veh B GBB 528F exit from 20 Benoi Crescent. I quickly horn veh B. veh B still exit and brush against my right side portion.

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

Signing Centre Personnel's Signature  
Name  
FAC/TIN No

















