G·I·A SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date of Submission	27/04/2022 15:31 (SGT)
Date of Accident	26/04/2022 12:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLAYMORE HILL SLIP RD TWDS DRAYCOTT DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK263B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THIAM YEE SUPPLIES
Company Reg No	5XXXX823K
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-93887006
Alternative Phone No	+65-93887006

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00129052101
Cover Note Number	-

DRIVER

Name of Driver	SIM SENG KOON
NRIC No	SXXXX650B

Date Of Birth	11/03/1960
Occupation	Outdoor
Date Of Driving Pass	29/09/1981
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93887006
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	BLK 285 TAMPINESS ST 22
Address complement	#06-235
Postcode	520285
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJD708C
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 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 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. 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' 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.

_____	_~Len~_____	_Lym 27/04/22_
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: GBK263B
Veh B: SJD708L

CLAYMORE HILL SLIP RD
TWAS DRAYCOTT DR

Describe Circumstances of the Accident

Declaration

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

_____	_____	_____ 27/04/22
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (GBK263B) WAS TRAVELLING ON THE SLIP ROAD OF CLAYMORE HILL TOWARDS DRAYCOTT DR. I SLOWED DOWN TO CHECK FOR CLEARANCE OF THE INCOMING CAR FROM THE MAIN ROAD BEFORE MOVING OFF. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER I ALIGTHED I THEN REALISE THAT IS VEHICLE B (SJD708C) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : GBK263B

VEHICLE B : SJD708C

M:MAXIMUM LOAD   CARGA MAXIMA
JX50A

CHASSIS NO:VSKYBAM20Z0180830
U.L.W   :1260 KGS
M.L.W   :2050 KGS
P. CAP   :F :1DRIVER, 1OTHER
               R: 00
TYRE SIZE   :F: 175 x 70R 14PLY
               R: 175 x 70R 14PLY(S)