

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 5XXXX806J
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 SXXXX298A

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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2. This form must be completed by the Police officer and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate police 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 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

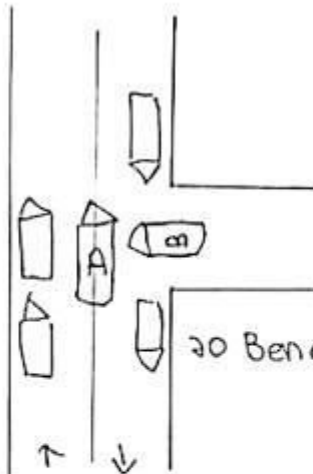
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may have permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and to use and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (collectively, which is known as "Insurers") involved in this accident shall be collectively referred to as the "Insurers". The Insurers' lawyer(s) or firm, the Ministry of Transport of Singapore and any relevant government agency/department (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) investigating 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, witness 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").
- (g) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer(s) or firm, may have permitted to collect, use, disclose and/or process my personal information for use in more of the above purposes; and
- (h) my personal information may also be disclosed by any of the Insurers' lawyer(s) or firm to all other relevant persons or agents (including their lawyer(s) or firm), which may be used outside of Singapore for use in more of the above purposes;
- (i) my personal information will also be collected and used to complete claims history for the purpose of input data into investigation and management in present and all future claims;
- (j) the information so collected under (d) above may be shared / disclosed
- (k) to all insurers and/or any other third parties that assist in mediation, investigating, settling or managing third parties, law enforcement and government agencies as reasonably required for the purposes stated, or
- (l) 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 528K

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 GBB528K 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











































