

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	06/05/2022 16:50 (SGT)
Date of Accident	29/04/2022 17:20 (SGT)
Exact Location of Accident	Bukit Batok West Ave 6, Singapore
Additional Location Information	NEAR BLOCK 438C
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9250R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YONG SHENG ENGINEERING CONSTRUCTION PTE LTD
Company Reg No	2XXXXX902W
Email Address	eevely.ee@yongsheng.sg
Mobile Phone No	(Phone) +65-92981164
Alternative Phone No	+65-98629263

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FM65FM2RDEB
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	7545

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00086832101
Cover Note Number	-

DRIVER

Name of Driver	CHUA HOCK SENG
NRIC No	SXXXX258Z

Date Of Birth	02/10/1956
Occupation	Outdoor
Date Of Driving Pass	17/11/1998
Driving experience	23 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98629263
Alt. Phone Number	-
Email Address	eevely.ee@yongsheng.sg
Address	BLK 413B FERNVALE LINK #09-41
Address complement	-
Postcode	792413
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	Collided into Parked Vehicle
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?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
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	SKF4867C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-96484466
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 29/04/2022 AT 17:26 HRS I WAS AT BIK 438C
 I WANTED TO MAKE A U-TURN TO GO OUT FROM THE
 DRIVEWAY I ACCIDENTALLY BUMP INTO A CAR WHICH WAS
 PARKING AT THE STREET. THERE WAS NOBODY IN SIDE THE
 CAR

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















Annex D

NOTICE OF REPORTING

This is to confirm that Chua Hock Seng, NRIC/FIN S2555258Z, has reported to the Police a non-injury traffic accident which occurred near Blk 438C Bukit Batok West Ave 6 on 29/04/2022 at 05:26 pm involving the following vehicles:

YN9250R
FUSO
Blue

SKF4867C
Honda
White

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) Amanda Neo

Date: 30/04/2022 Time: 1750hrs

S/D Ref: 80

Police Post/Unit : Jurong East NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police


Jurong East
Neighbourhood Police Centre
No 92 Boon Lay Way
Singapore 609962
Tel : 1800-8999999