

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	24/05/2022 15:50 (SGT)
Date of Accident	23/05/2022 17:40 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	> YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3085Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MUNTERS PTE LTD
Company Reg No	198905170R
Email Address	chris.soh@munters.com
Mobile Phone No	(Phone) +65-67446828
Alternative Phone No	(Office) +65-67446828

VEHICLE PARTICULARS

Manufacturer	Byd
Model	T3
Variant	T3
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00050672200
Cover Note Number	-

DRIVER

Name of Driver	SOH SENG CHER
NRIC No	S7806659H

Date Of Birth	19/03/1978
Occupation	Indoor
Date Of Driving Pass	15/04/1997
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82991345
Alt. Phone Number	-
Email Address	chris.soh@munters.com
Address	BLK 160 YISHUN STREET 11 #12-202
Address complement	-
Postcode	760160
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

Vehicle B who was in front of me suddenly brake and i brake too but couldn't stop in time. Thus, i have collided to the rear of vehicle B. When i get down, i realised that vehicle C was involved in this accident too. No one was injured.

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	PC4179L
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHUA
Contact Number	(Phone) +65-98295482
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name Passenger
Gender Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMF5564X
Vehicle Manufacturer Subaru
Vehicle Model Forester
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver ANGIE
Contact Number (Phone) +65-96689729
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name Passenger
Gender Male

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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 (collectively the "Third Parties"), which may be sited outside of Singapore, for one or more of the above Purposes.

MUNTERS PTE LTD
16 TAI SENG STREET
#05-01 SINGAPORE 534138
TEL: 6744 6828 FAX: 6744 9585
CO. REG. NO. 198905170R

Policyholder's Signature / Date & Time
24/5/22 2:40pm

Driver's Signature (If driver is not the policyholder) / Date & Time
24/5/22 2:40pm

Witnessed by Reporting Centre Personnel

Sketch Plan

DOA: 23/05/2022, 17:40pm

A: GBL 3085Z
B: PC4179L
C: SMF 5564X

Describe Circumstances of the Accident

Vehicle B who was in front of me suddenly brake
and I brake too but couldn't stop in time. Thus, I have
collided to the rear of vehicle B. when I get down, I
realised that vehicle C was involved in this accident too. NO
one was injured

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Declaration

We declare the foregoing particulars are true in every respect.

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#05-01 SINGAPORE 534138
TEL: 6744 6828 FAX: 6744 9585
CO. REG. NO.: 108905179R

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

























































