

# 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 ..... 26/05/2022 10:16 (SGT)  
Date of Accident ..... 25/05/2022 09:30 (SGT)  
Exact Location of Accident ..... Near 8W26+FF Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP7302C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... A&G INDUSTRIAL GAS TRADING PTE LTD  
Company Reg No ..... 200512300K  
Email Address ..... SALES@AIRNGAS.COM  
Mobile Phone No ..... (Phone) +65-81881800  
Alternative Phone No ..... (Office) +65-64493166

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR75  
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 ..... 5193

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00106152100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZHANG KANG  
Passport No/FIN ..... G7918282L

Date Of Birth .....	26/10/1972
Occupation .....	Outdoor
Date Of Driving Pass .....	17/03/2020
Driving experience .....	2 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97651331
Alt. Phone Number .....	-
Email Address .....	SALES@AIRNGAS.COM
Address .....	700 UPPER CHANGI ROAD EAST #02-12
Address complement .....	-
Postcode .....	-
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 - 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? .....	No
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

ON 25/5/22 AT ABOUT 0930 ALONG EAST COAST PARK SERVICE ROAD TOWARDS ECP EXPRESSWAY EXIT 10B. I WAS DRIVING MY COMPANY LORRY YP7302C AND STOPPED AT THE SPLIT ROAD BEFORE ECP EXIT 10B TO LOOK OUT FOR ON COMING TRAFFIC. UPON SEEING A CLEAR ROAD I ACCIDENTLY SHIFTED INTO REVERSE GEAR AND FEELING THAT THE VEHICLE MOVING IN THE WRONG DIRECTION I IMMEDIATLY STOPPED AND SHIFT TO MOVE OFF. AFTER MOVING OFF AND EXITING TOWARDS MARINE PARADE VEHICLE SHB127M SIGNALLED TO STOP BY THE SIDE OF THE ROAD AND INFORMED THAT I HAVE HIT ONTO HIS VEHICLE. I LIKE TO STATE THAT I DID NOT FEEL ANY IMPACT AT THE TIME OF THE ACCIDENT AND I WAS ALONE IN THE VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No



**SKETCH PLAN**

**IMPORTANT NOTICE**

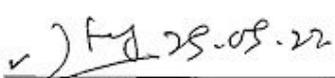
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**8. Consent under the Personal Data Protection Act (PDPA)**

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 (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

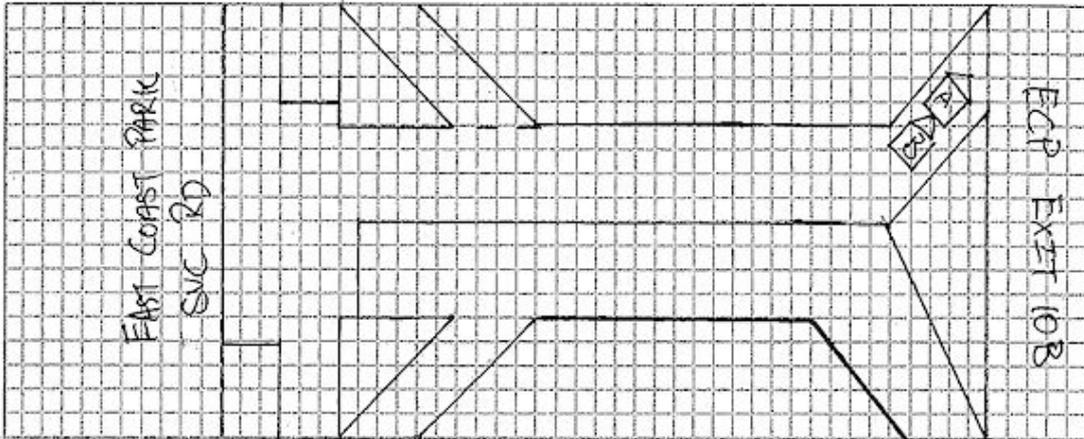
  
  
 Policyholder's Signature  
 Date & Time

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

  
 Joanne Chan Wei Sim (CSO)  
 Tel : 6392 8873  
 Fax : 6442 5571  
 Reporting Name:  
 NRIC / Fin No:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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- (A) YP7302C
- (B) SHB127M

IMPORTANT NOTE

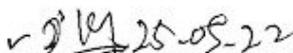
Under General Condition -- Conduct of Claim of the Motor Policy, you have to decide within 14 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

  
 Joanne Chan Mei Sim  
 Tel : 6592 8873  
 Fax : 6442 5571  
 Reporting Centre/Personnel's Signature  
 Name:  
 NRIC / Fin No.:













