# **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 witholding 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.

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   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 01/06/2022 12:51 (SGT) Date of Accident 31/05/2022 10:00 (SGT) Exact Location of Accident Jln Jurong Kechil, Singapore Additional Location Information ALONG JALAN JURONG KECHIL Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Fiat

1248

Vehicle Registration Number GBB2872C

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HONG DA SWIMMING POOLS SERVICES Company Reg No 53185068D Email Address heryam88@singnet.com.sg Mobile Phone No (Phone) +65-81280808 Alternative Phone No (Office) +65-81280808

#### VEHICLE PARTICULARS

Manufacturer

Model Doblo Variant 1.3MJTD Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMCVSNW00139652103 Cover Note Number

#### DRIVER

CC

Name of Driver **CHUA KIM POH** NRIC No. S1552136H

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	28/11/1962 Outdoor 01/01/1980 42 YEARS AND 4 MONTHS Male (Phone) +65-88261757 - heryam88@singnet.com.sg APT BLK 274 BANGKIT ROAD #10-74 - 670274 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2 No
PASSENGER 1	
Name Gender	PASSENGER Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON 31/5/22 AT ABT 1000AM I WAS TRAVELLING ALONG JALAN SLT969H CAME AT A VERY FAST SPEED & COLLIDE ONTO M	N JURONG KECHIL. AS I WAS DRIVING SUDDENLY VEHICLE B: Y FRONT RIGHT BUMPER.
* I WISH TO STATE THAT TO MY KNOWLEDGE MY DRIVING P	ASS DATE IS 01/01/1980.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number 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

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment 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:
  - 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.

Second Second

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre ∮ersonnel's Signature

Name:

NRIC/FIN No.:

GIAJOVIC SketchPlanForm\_V

SKETCH PLAN	
A= GBB2872C. B= SCT 969H	
DESCRIBE CIRCUMSTANCES OF TH	ACCIDENT
On 31 5 22 at abt Kechil. As I was driv	1000a.m I was travelling Along Jalan Jurong ing suddenly vehicle 8: SLT969H came at a collide onto my front right bumper.
very fast speed &	offide onto my front right bumper.
<u></u>	
*I wish to state	that to my knowledge my driving pass
date is 01/01/1980.	
DECLARATION:	
/We declare the regoing particulars are	true in every respect.
	river's Signature Reporting Centre Personnel's Signature driver is not the policyholder) Name:



## 中国太平保险(新加坡)有限公司

R SN

CERTIFICATE OF INSURANCE

Cov. Type:F

CERTIFICATE No.

DMCVSNW00139652103

Engine No.: 199A20002511005 Cha. No. ZFA22300005599935

2. Name at Petrcy Holder

HONG DA SWIMMING POOLS SERVICES

4. Date of Every of Insurance

Persons of Classes of Powons entitled to drive?
 Any person who is driving on the Policyhelder's order or with thou permission.

Provided that the person driving is permitted in accordance with the scensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Courl of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- Use in connection with the Policyholder's business.
   Use for the samage of passengers (other than for hire or reward) in connection with the Policyholder's business.
   Use for social, domestic or pleasure purposes.

The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a traffer except the towing of any one disabled medianically propelled vehicle.

HIRE PURCHASE CO.: THIAM HENG AUTO (S) PTE LTD AS HP OWNER.

\*Limitations reindered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INXPRESS INSURANCE AGENCY PTE LTD

1993

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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