

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 10/06/2022 17:47 (SGT)
Date of Accident 09/06/2022 07:55 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information (CHANGI) AFTER LORNIE ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1262M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SANTINO COFFEE SPECIALISTS PTE LTD
Company Reg No 2XXXXX167G
Email Address sandychong70@gmail.com
Mobile Phone No (Phone) +65-98797924
Alternative Phone No +65-98797924

VEHICLE PARTICULARS

Manufacturer Suzuki
Model EVERY
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 Commercial vehicle
Transmission Manual
CC 658

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00002252204
Cover Note Number -

DRIVER

Name of Driver WONG KEN RONG
Passport No/FIN GXXXX806T

Date Of Birth	03/06/1996
Occupation	Outdoor
Date Of Driving Pass	13/12/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98797924
Alt. Phone Number	-
Email Address	sandychong70@gmail.com
Address	BLK 3017 BEDOK NORTH STREET 5 #03-24
Address complement	-
Postcode	486121
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?	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	SLT6103A
Vehicle Manufacturer	Ssangyong
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHYIDDEEN BIN AIDORO
NRIC No	SXXXX326F
Contact Number	(Phone) +65-98572448
Address	-

Address complement	BLK 442C FAJAR ROAD #12-02
Postcode	673442
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' 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.

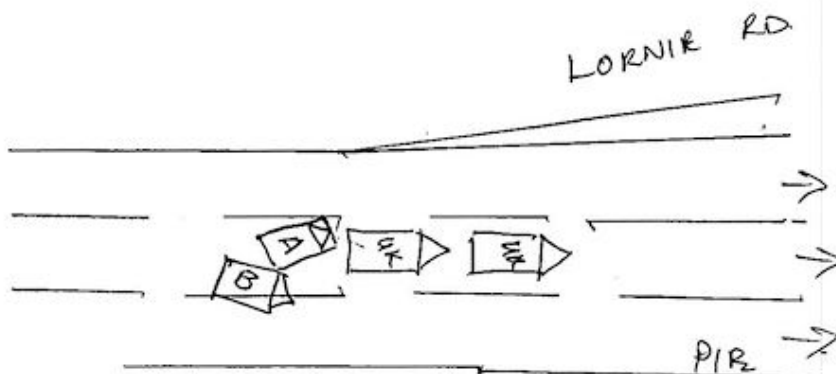


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBH 1262M
B: SLT 6103A

Describe Circumstances of the Accident

On mentioned date and time, I was moving along PIE (CHANGAI) in the middle lane after Lornie Road exit. As I noticed unknown vehicle stationary ahead of me, I slow down and tried to change lane to LH side. Since there are moving vehicles on the LH lane and while waiting vehicle 'B' crashed against my vehicle's rear section. After the collision the said vehicle ~~move~~ move further and stopped by LH side road shoulder. I follow his vehicle and stopped my vehicle to inspect. After the inspection the driver of vehicle 'B' admitted his mistake and brought me to his regular workshop to fix/repair my vehicle. At the shop the said vehicle 'B' driver not able to settle payment for the repair. So he advised me to claim against his insurance company. We both got each other's particulars and we proceeded our own way.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
WKR.

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

Witnessed by Reporting Centre Personnel
10/06/2022















