

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 Actual 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	29/07/2022 10:14 (SGT)
Reported by	Driver
Date of Accident	18/07/2022 18:40 (SGT)
Exact Location of Accident	20 Changi N Cres, Singapore 499613
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6319L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KCG TRANSPORTATION SERVICES
Company Reg No	53023144A
Email Address	1988GURJIT@GMAIL.COM
Mobile Phone No	(Phone) +65-90919496
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	Bus
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012202102

DRIVER

Name of Driver	GURJETT SINGH
Passport No/FIN	G6607449N
Date Of Birth	04/07/1988
Occupation	Outdoor

Date Of Driving Pass	30/09/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90919496
Alt. Phone Number	-
Email Address	1988GURJIT@GMAIL.COM
Address	202 MARSILING DRIVE #02-136
Address complement	-
Postcode	730202
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE2957B
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Goods vehicle
Name of Driver	CHAN CHEE SAN
NRIC No	S1531733G

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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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

Sketch Plan

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

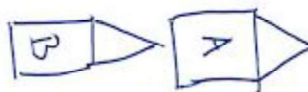
29/07/22 9:50am

Witnessed by Reporting Centre Personnel

[Signature]
Personnel

A - GBE 2957B

B - ~~PL~~ 6319L



Describe Circumstances of the Accident

ON 18/7/22, 6:40pm, I was driving Along
 CHANGI North crescent. AS the traffic light turn
 green, ALL vehicles start to move.
 suddenly EBE 2957B Jammed brake, I cannot
 stop in time and hit onto the rear of it

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

Eng E M
 29/07/22
 9:50am

ANSON

Witnessed by Reporting Centre
Personnel





