

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 13/07/2022 16:18 (SGT)
Reported by Driver
Date of Accident 13/07/2022 11:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 106 WOODLANDS INDUSTRIAL PARK E3 COMPOUND
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3944B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARING FLEET SERVICES LIMITED
Company Reg No 201000618K
Email Address zackgoh@caringfleet.com
Mobile Phone No (Phone) +65-62818118
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNA00005512202

DRIVER

Name of Driver GOH LEONG HAI
NRIC No S1456596E
Date Of Birth 30/06/1960
Occupation Outdoor

Date Of Driving Pass	04/04/1979
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81892011
Alt. Phone Number	-
Email Address	zackgoh@caringfleet.com
Address	BLK 259A COMPASSVALE ROAD #04-607
Address complement	-
Postcode	541259
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 - Change/cross lane
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)	2
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	-

PASSENGER 1

Name	MR. LIM
Gender	Male

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

AFTER CHECKING THERE WAS NO VEHICLE BEHIND ME, I REVERSED MY VEHICLE SLOWLY. WHILE I WAS REVERSING, I FELT AN IMPACT HIT ONTO MY VEHICLE'S REAR LEFT HAND PORTION, UPON CHECKING, I REALISED THAT THE COLLISION WAS CAUSED BY GBE5970S WHILE HE WAS REVERSING.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5970S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-81027878
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLANIMPORTANT NOTICE

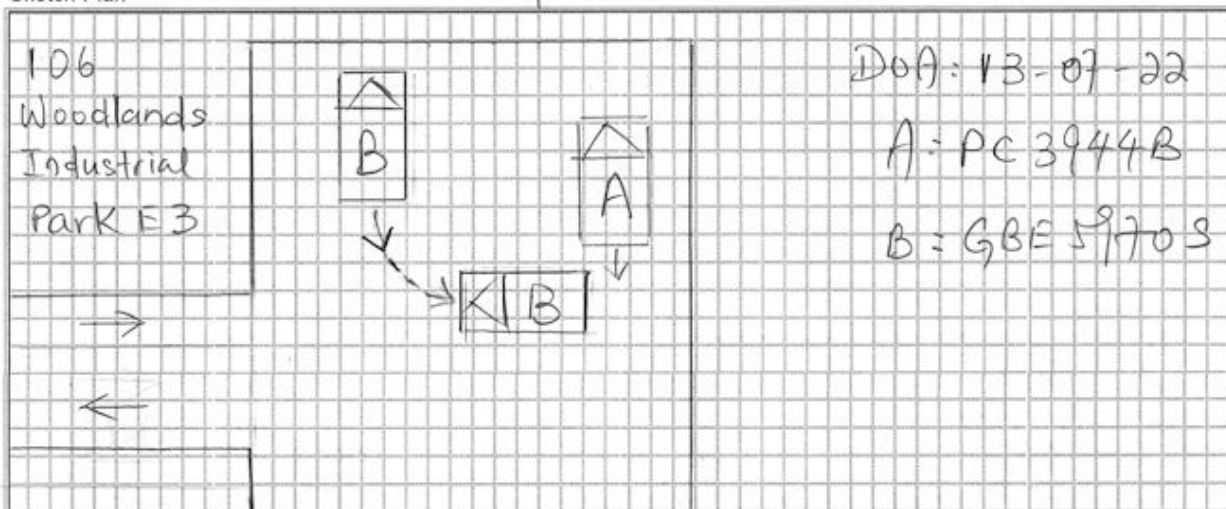
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8. Consent under the Personal Data Protection Act (PDPA)

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 13/07/22 1320hrs Driver's Signature (if driver is not the policyholder) / Date & Time 13/07/22 1320hrs Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Foong Sau Wah

Sketch Plan

Describe Circumstance of the Accident

After checking there was no vehicle behind me ,
 I reversed my vehicle slowly , while I was
 reversing , I felt an impact hit onto my vehicle's
 rear left hand portion , upon checking , I realised
 that the collision was caused by GBE5970S while
 he was reversing.

Declaration

I/We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time

13/07/22 1320hrs



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

13/07/22 1320hrs



Foong Sau Wah

Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)











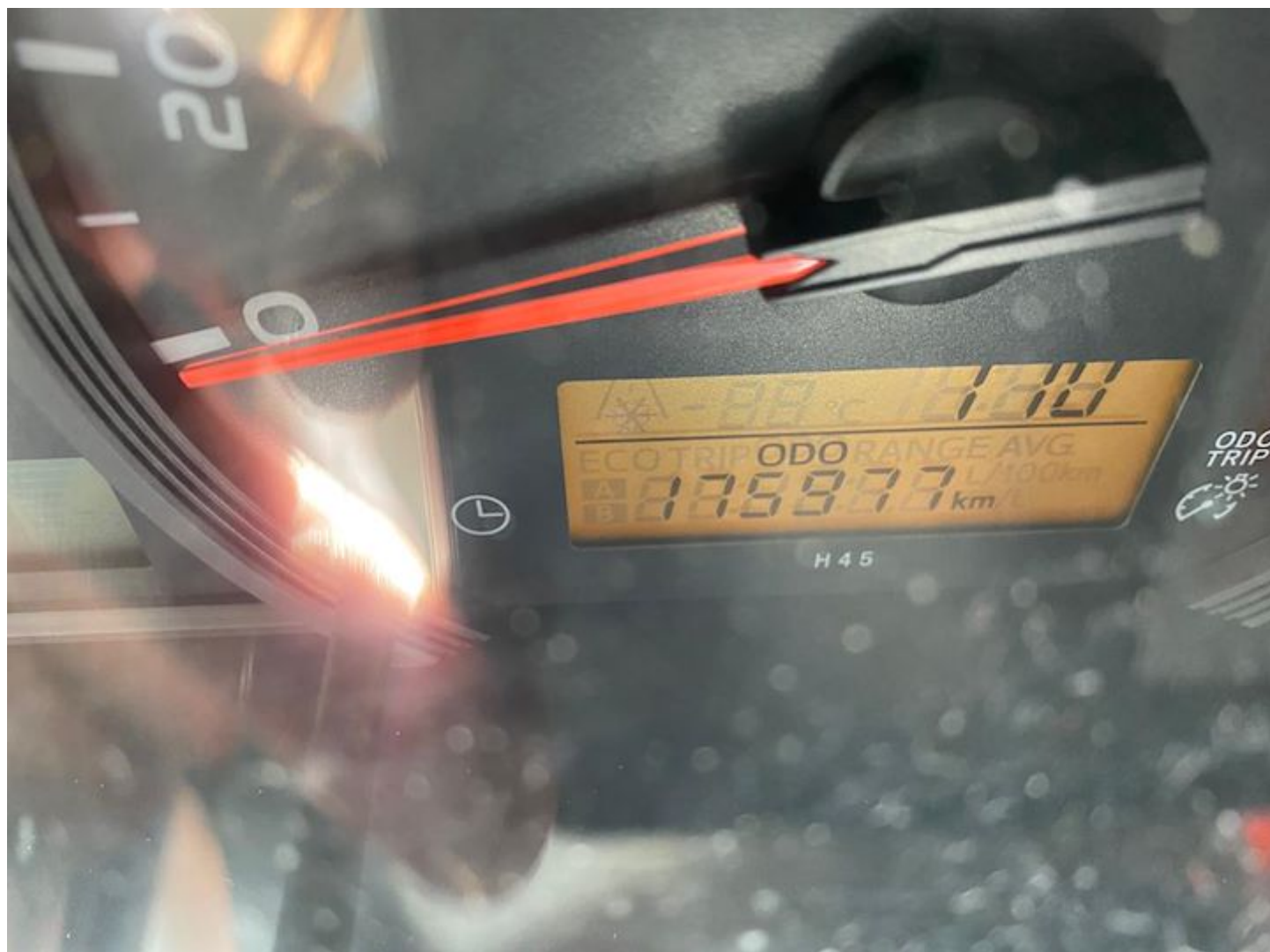












	JT18T22P800022681	
	2380	KG
	3250	KG
WT.:		
CAP.:	1 DRIVER	11 OTHER
:	(F) 195R15C	106/104S
:	(R) 195R15C	106/104S

