

# 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 .....	25/07/2022 10:25 (SGT)
Reported by .....	Driver
Date of Accident .....	22/07/2022 19:30 (SGT)
Exact Location of Accident .....	SLE, Singapore
Additional Location Information .....	TOWARDS BKE (KRANJI)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC5048A
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AEDGE HOLDINGS PTE LTD
Company Reg No .....	2XXXXX323E
Email Address .....	william@aedge.com.sg
Mobile Phone No .....	(Phone) +65-91460806
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yutong
Model .....	Zk6107h
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 .....	Bus
Transmission .....	Auto
CC .....	6690

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNA00009072203

### DRIVER

Name of Driver .....	MOHAMED YUSOF BIN MOHAMED NOOR
NRIC No .....	SXXXX720Z
Date Of Birth .....	06/10/1961
Occupation .....	Outdoor

Date Of Driving Pass .....	06/08/1995
Driving experience .....	26 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93638905
Alt. Phone Number .....	-
Email Address .....	william@aedge.com.sg
Address .....	BLK 417 ANG MO KIO AVE 10 #02-1025
Address complement .....	-
Postcode .....	560417
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	GBG1806A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBF2585K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reject the policy/claim.
4. The issue and acceptance of this Family Insurance document is not an admission of policy liability on the part of the insurance companies.
5. Any false information may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the C&A Members Management Corporation Ltd. to the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will be made available upon application by a interested party.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the end of the policy term and its copies of the report being made available whenever.
8. Consent under the Personal Data Protection Act (PDPA)
 

I understand, acknowledge, agree and consent that:

  - (a) My insurer, my employer and the General Insurance Association of Singapore ("GIAS") may be 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 protected 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 Insurance 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 claim, including the settlement of the claim, and any necessary investigations relating to the claim;
    - (ii) investigating the accident and/or my claim;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claim (including the making of correspondence, statements, records, 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 claim.
 (collectively the "Purposes")
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers law firms, may be 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 also be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers law firms), which may be stored 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



SLE TWO'S BKEC change

A - PA 5048A

B - G8G 1806A

C - G8F 258 51c

Describe Circumstances of the Accident

ON 25/7/2022 around 1930hrs I was driving my Bus PC5088A along SLF TWDS BRE (trans). Suddenly I felt an impact from the rear, vehicle GBG 1806A collided into my rear portion, when I alight, I saw there was total 3 vehicle in chain collision. 1st vehicle PA 5042A, and vehicle GBG 1806A, 2nd vehicle GBF 2585C

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

 25/07/2022  
Witnessed by Reserving Officer / Date































