

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 01/08/2022 19:08 (SGT)
Reported by Driver
Date of Accident 31/07/2022 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHANGI CITY POINT BASEMENT 1 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL7072J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NANNU FOOT REFLEXOLOGY AND HEALTH CENTRE
Company Reg No 5XXXX832K
Email Address kktan1983@outlook.com
Mobile Phone No (Phone) +65-81212993
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00019292200

DRIVER

Name of Driver TAN ZHEN LONG KYLE
NRIC No SXXXX608G
Date Of Birth 20/01/1983
Occupation Outdoor

Date Of Driving Pass	09/10/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82134755
Alt. Phone Number	-
Email Address	kktan1983@outlook.com
Address	BLK 360 TAMPINES ST 34
Address complement	#06-411
Postcode	520360
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	Side Swipe
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)	4
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	MABEL TAN
Gender	Female

PASSENGER 2

Name	ONJIRA
Gender	Female

PASSENGER 3

Name	WEE
Gender	Female

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident HAVEN'T RETRIEVE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ1637L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver TEO SWEE KUANG ALAN
NRIC No SXXXX315E
Contact Number (Phone) +65-98366695
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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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.



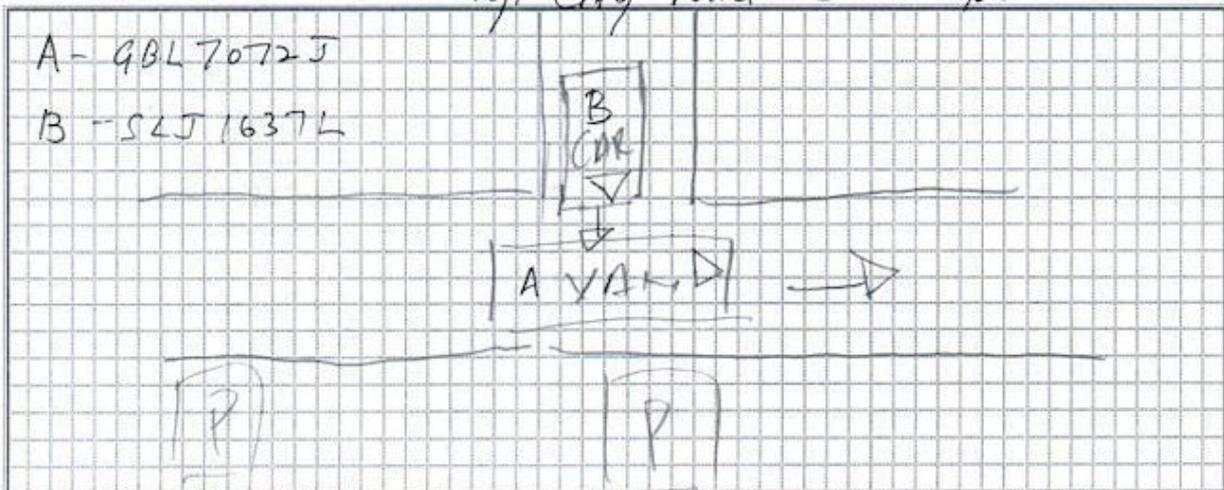
Policyholder's Signature / Date & Time

[Signature] 1.9.2022
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 01/08/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Changi City Point B1 Carpark



vJun2022

1

Describe Circumstance of the Accident

I was travelling straight at the driveway of Changi City Point Basement 1 carpark. Suddenly veh B came out and hit onto my rear left side portion of my veh.

Declaration

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



Policyholder's Signature / Date & Time

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

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

[Signature] 1.9.2022 *[Signature]* 01/08/22























NISSAN MOTOR CO. LTD. JAPAN
型式 TIPO
VR2E26-138174
MDA2RDKE26ED3EBS--
BW5 W 1998 cc
QR20 (DE) CA41
RE5R05A
工場 PLANTA
日産自動車株式会社 MADE IN JAPAN
VR2E26-138174

CHASSIS NO.
NO. DE CHASSIS
MODEL
975-COLOR, TRIM
P.V.L. COLOR, GUARNICION
E-ENGINE
D-MOTOR
E-TRANSM., A/E
P-TRANSM., E/E