# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 16:18 (SGT) Reported by Driver Date of Accident 30/07/2022 10:30 (SGT) Exact Location of Accident 2 Tampines PI, Tampines Dormitory, Singapore 528821 Additional Location Information **TAMPINES AVENUE 10** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XF4281T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CLC MACHINERY PTE.LTD. Company Reg No 2XXXXX721W Email Address kaienn.tiu@chuanlim.com Mobile Phone No (Phone) +65-65714413 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Volvo Model Fmx370 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 10837

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00102542101

#### DRIVER

Name of Driver **ENG GHIM LEAN** Work Permit No GXXXX480K Date Of Birth 04/11/1980 Occupation Outdoor

Date Of Driving Pass 06/02/2012 Driving experience 10 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-94660404 Alt. Phone Number Email Address kaienn.tiu@chuanlim.com Address 20 Senoko Dr Address complement Postcode 758207 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I DRIVING ALONG TAMPINES AVENUE 10. I DRIVING ALONG MIDDLE LANE AS THERE WAS A ROAD BLOCK AT MY RIGHT ATTACHMENT(S)

HAND SIDE LANE. AS I DRIVING ALONG THE MIDDLE LANE, SUDDENLY VEHICLE SBS6394D HIT INTO MY LORRY AFTER VEHICLE SBS6384D GONNA TURN LEFT HAND SIDE.

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 SBS6384D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Bus

Name of Driver	<del>-</del>
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	<del>-</del>
Nature Of Damage	<del>-</del>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

## SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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.
- 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 (all insurers) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time: 1/s/1201

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Conditions Shenders States All

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I Striving along tempores Avenue 10. I striving along middle lane as there were a rood enjock at any right hand side stone. As I driving along the middle lane subjectly valuable Sessional out into my long after vehicle  Sessional generature. Left hand side.  Declaration  Notice the policyholder and the policyholder of the po	CVETCH DI ANI		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Solving along tempines premie 10.5 daving egong middle lane as there were a road brack as my right hand side lane. As 5 diving egong the middle lane suddenly while Sessignal but into my long after which sessions are true in every respect.  DECLARATION  November of the progoing particulars are true in every respect.  Declaration of the policyholder of the policyhol	SKETCH PLAN		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Solving along tempines premie 10.5 daving egong middle lane as there were a road brack as my right hand side lane. As 5 diving egong the middle lane suddenly while Sessignal but into my long after which sessions are true in every respect.  DECLARATION  November of the progoing particulars are true in every respect.  Declaration of the policyholder of the policyhol			A= XE 9281T
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I driving along tempines evenue 10.5 driving along middle lane as there were a small exact at my right hand side lane. As a driving along the middle lane. Suddenly vehicle stational but into my large after vehicle stational game turn left hand side.  DECLARATION  November of the evenue of the every respect.  Socialization of the evenue of the every respect.  Socialization of the evenue of the			B=5B56384D
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I driving along tempines evenue 10.5 driving along middle lane as there were a small exact at my right hand side lane. As a driving along the middle lane. Suddenly vehicle stational but into my large after vehicle stational game turn left hand side.  DECLARATION  November of the evenue of the every respect.  Socialization of the evenue of the every respect.  Socialization of the evenue of the	Ь	WC 79	
I driving along tempines Avenue 10. I driving along middle lane as there were a vocal enerth any right hand side lane. As I driving along the middle lane, suddenly vehicle sessificated but into may lowly after vehicle sessificated games turn left band side.  Declaration  Now good left pregoing particulars are true in every respect.  Sometimes of the policyholder's signature are true in every signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I driving along tempines Avenue 10. I driving along middle lane as there were a vocal enerth any right hand side lane. As I driving along the middle lane, suddenly vehicle sessificated but into may lowly after vehicle sessificated games turn left band side.  Declaration  Now good left pregoing particulars are true in every respect.  Sometimes of the policyholder's signature are true in every signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:			
I driving along tempines Avenue 10. I driving along middle lane as there were a vocal enerth any right hand side lane. As I driving along the middle lane, suddenly vehicle sessificated but into may lowly after vehicle sessificated games turn left band side.  Declaration  Now good left pregoing particulars are true in every respect.  Sometimes of the policyholder's signature are true in every signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:			
I driving along tempines Avenue 10. I driving along middle lane as there were a vocal enerth any right hand side lane. As I driving along the middle lane, suddenly vehicle sessificated but into may lowly after vehicle sessificated games turn left band side.  Declaration  Now good left pregoing particulars are true in every respect.  Sometimes of the policyholder's signature are true in every signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:			
I driving along tempines Avenue 10. I driving along middle lane as there were a vocal enerth any right hand side lane. As I driving along the middle lane, suddenly vehicle sessificated but into may lowly after vehicle sessificated games turn left band side.  Declaration  Now good left pregoing particulars are true in every respect.  Sometimes of the policyholder's signature are true in every signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:			
I driving along tempines Avenue 10. I driving along middle lane as there were a vocal enerth any right hand side lane. As I driving along the middle lane, suddenly vehicle sessificated but into may lowly after vehicle sessificated games turn left band side.  Declaration  Now good left pregoing particulars are true in every respect.  Sometimes of the policyholder's signature are true in every signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:			
I driving along tempines Avenue 10. I driving along middle lane as there were a vocal enerth any right hand side lane. As I driving along the middle lane, suddenly vehicle sessificated but into may lowly after vehicle sessificated games turn left band side.  Declaration  Now good left pregoing particulars are true in every respect.  Sometimes of the policyholder's signature are true in every signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:			
DECLARATION  //W Salth Coregoing particulars are true in every respect.    Separation   Priver's Signature   Driver's Signature   Drive			
DECLARATION  //W Salth Coregoing particulars are true in every respect.    Separation   Priver's Signature   Driver's Signature   Drive	I driving	I along Tampine's Avenue	10. I driving many middle lane as
DECLARATION  //W Salth Coregoing particulars are true in every respect.    Separation   Priver's Signature   Driver's Signature   Drive	there were a r	oad Book at my right	t hand Side range as I driving along the
DECLARATION  //W Salth Coregoing particulars are true in every respect.    Separation   Priver's Signature   Driver's Signature   Drive	middle lane, Sv.	doenly vehicle session	to but into my lurry after whice
DECLARATION  //woodblick is pregoing particulars are true in every respect.    Septimizer   Driver's Signature   Driver's Signature   Reporting Centre Personnel's Signature   Date & Time: (If driver is not the policyholder)   Name:	585-6384D gam	a turn left hand side.	
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per	<del>-</del>		
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per		2011 - 2020 - 2011	
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per	11116		
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per			
/We deliber the loregoing particulars are true in every respect.    Separative   Policyholder's Signature   Policyholder's Signature   Policyholder's Signature   Policyholder   Personnel's Signature   Per	DECLADATION		
Policyholder's Signature Driver's Signature Date & Time:  Reporting Centre Personnel's Signature Name:  Reporting Centre Personnel's Signature Name:		articulars are true in every respect.	
Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:	10% /3/	14	4
Date & Time: (If driver is not the policyholder) Name:	(3)	O <sub>2</sub>	
man and the state of the state	Policyholder's Signature		
	Date & Time:		ALPROPORTED AT