

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	08/08/2022 17:20 (SGT)
Reported by	Driver
Date of Accident	06/08/2022 14:50 (SGT)
Exact Location of Accident	Near 15 Tukang Innovation Grove, Singapore 618299
Additional Location Information	AT ENTRANCE OF AYE AFTER JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7273M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MONZONE AIR-CONDITIONING PTE LTD
Company Reg No	200102928W
Email Address	yanyin@monzone-aircon.com
Mobile Phone No	(Phone) +65-91781315
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	HINO XZU710RHKFMS3
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	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00119112101

DRIVER

Name of Driver	PIMENTEL MICHAEL GAPOS
Passport No/FIN	G5016664W
Date Of Birth	10/02/1976
Occupation	Outdoor

Date Of Driving Pass	29/12/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91711436
Alt. Phone Number	-
Email Address	monzone@singnet.com.sg
Address	BLK 221A JURONG EAST ST 21 #08-887
Address complement	-
Postcode	601221
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

ON 06/08/2022 02:50PM, AT ENTRANCE OF AYE AFTER JALAN AHMAD IBRAHIM, I WAS DRIVING AS USUAL SUDDENLY TAXI SHD4248K SUDDEN BRAKE AND I HAVE NO ENOUGH TIME TO BRAKE MY TRUCK, THUS COLLIDE ON THE REAR RIGHT SIDE OF THE VEHICLE. NO INJURY IN THIS CASE.
REMARKS: LOCATION NEAR 15 TUKANG INNOVATION GROOVE SINGAPORE 618299

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	SHD4248K
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

Name of Driver	LAU HUNG SOON
NRIC No	S1588704D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	COLLISION
Details of property damaged in accident	REAR RIGHT DAMAGED
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

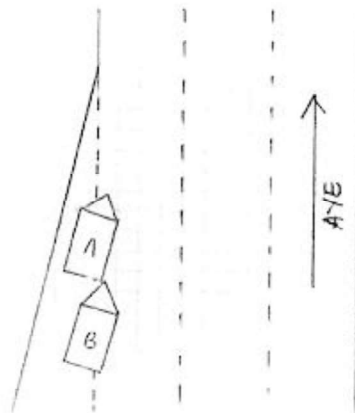
- * Please report correctly the details of the accident to speed up the claims process
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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' law firms/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' law firms/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 law firms/law firms), which may be sited 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



A : SHD 4248K

B : YN7273M

Describe Circumstances of the Accident

On 6/8/2022 around 2:30pm, at entrance of AYE after Jalan Ahmad Ibrahim, I was driving as usual suddenly taxi SHD 4248K sudden brake and I have no enough time to brake my truck, Thus collide on the rear right side of the vehicle. No injury on this case.

Remarks: Location near 15 Tukang Innovation Grove Singapore 618299.

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

Witnessed by Reporting Centre Personnel

