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 24/08/2022 17:35 (SGT) Reported by Date of Accident 23/08/2022 18:10 (SGT) Exact Location of Accident Singapore Additional Location Information PAYA LEBAR ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBJ2184M**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SG FOOD ENTERPRISE LLP Company Reg No TXXXXX931E Email Address valgjy@gmail.com Mobile Phone No (Phone) +65-87000171 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

Private use

No - Claiming third party Commercial vehicle Manual

2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNA00021702203

DRIVER

CC

Name of Driver **GOH PENG ANN** NRIC No SXXXX546A Date Of Birth 20/08/1959 Occupation Outdoor

Date Of Driving Pass 13/11/1979 Driving experience 42 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-87568871 Alt. Phone Number Email Address valgjy@gmail.com Address BLK 123 RIVERVALE DRIVE #06-113 Address complement Postcode 540123 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **SPOUSE** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT TRAFFIC LIGHT WAS RED. TRAFFIC INFRONT STOPPED. I STOPPED TOO. VEHICLE B HIT ME FROM BEHIND. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLA4484M

Vehicle Registration Number

Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN SHIJIE
NRIC No	SXXXX759J
Contact Number	(Phone) +65-97610608
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 Actual Driver.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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 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' 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/maili 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,

se and/or process my Personal Information for one or more of the above Purposes; and Comail Information for the Insurers and/or GIA to their third-party service providers or agents for its and the service providers or agents for its law is a service provider or agents for its law is a service provider or agents for its law is a service provider or agents for one or more of the above Purposes.

Co. Reg No : 112106318

Policyholder's Signetixe Date & Time

Driver's Signature (if driver is het the policyholder) / Date & Time 23/08/22

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

Soh Wah Jin

B: SLA 4484 M

B: SLA 4484 M

B: SLA 4484 M

Consideration of the control of the

1

cribe Circumstance of the Accident	
PRAFFIC CIGHT WAS RED.	
RAPPIC INFRONT STO AREA.	
870ADED TOO.	
MEHICLE B HIJ ME FROM BEHIND	
9.1	SG FOOD ENTERPRISE L 123 Powersen Once 900-173 Sengapore 540123 Fax: sent sail 3 lags: 9748 8671 Co Roy No. 173L/2017R Co Roy No. 173L/2017R
SO FOOD ENTERPRISE LLP Introduction of the control	10 4 M
Cm/ Cm/	Soh Wah Jin
icyholder's Signature (if driver is not the policyholder) / Date & Time 23/08/22	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

















































