Others

SJ0E22930001 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: 03/09/2022 09:55 (SGT) SUBMITTED BY: Lim Hong Guo VERSION: 1 (03/09/2022 09:55 (SGT))



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
- 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 03/09/2022 09:55 (SGT) Reported by Driver Date of Accident 02/09/2022 15:50 (SGT) **Exact Location of Accident** Upper Bukit Timah Rd, Singapore Additional Location Information

DETAILS OF OWN VEHICLE

Singapore

Vehicle Registration Number GBJ7058L

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Yes SENG HUA HNG FOODSTUFF PTE LTD Name Of Registered Owner Company Reg No 198001761D DESMOND.LOH@CAMELNUTS.COM **Email Address** (Phone) +65-92996828 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 150 5MT Variant Exact purpose for which vehicle was being used at time of

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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Manual Transmission 2982 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMCVSNW00085552203 Policy Number / Cover Note Number

DRIVER

LIKUN Name of Driver G5382277R Work Permit No

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	26/10/2017 4 YEARS AND 11 MONTHS Male (Phone) +65-92990631 - DESMOND.LOH@CAMELNUTS.COM 127 DEFU LANE 10 - 539234 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	
Was the accident reported to the police? Was notice of intended Prosecution given?	No No

CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

I was travelling straight along Upper Bukit Timah Road. Suddenly, i felt an impact from the rear of my vehicle. Then i realised that vehicle B has collided to the rear of my vehicle. No one was injured.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSLE6054LVehicle ManufacturerSuzukiVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate car

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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- 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/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.

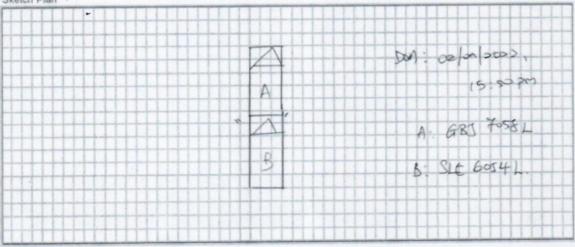
SENO TELEP

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

Witnessed by Reporting Centre Personnel

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Sketch Plan



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





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