# **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.

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   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 10/10/2022 15:19 (SGT) Reported by Date of Accident 03/10/2022 09:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS JURONG BEFORE EXIT 31** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

No - Reporting only

Vehicle Registration Number CB7503Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TAN BUS TRANSPORT Company Reg No 5XXXX308C Email Address tan.bus.transport@gmail.com Mobile Phone No (Phone) +65-80383242 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Urvan 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?

Vehicle Category Bus Transmission Manual CC 2953

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00003252200

DRIVER

Name of Driver **BI GUANGJUN** Passport No/FIN GXXXX276M Date Of Birth 20/01/1979 Occupation Outdoor

Date Of Driving Pass 31/10/2014 Driving experience 8 YEARS Gender Male Mobile Number (Phone) +65-80383242 Alt. Phone Number Email Address tan.bus.transport@gmail.com Address BLK 117 BEDOK NORTH ROAD #08-219 Address complement Postcode 460117 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 Chain Collision 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 PLEASE REFER TO SKETCH AND ATTACHMENT ATTACHMENT(S) 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 SNA5215T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver
Contact Number

Address			 _
Address complement			 _
Postcode			 _
Insurance Company Name		 	_
Nature Of Damage			
Details of property damaged in	accident		_
No. Of Passenger (Including Di			

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number Vehicle Manufacturer	UNKNOWN
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	-
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

### IMPORTANT NOTICE

- Please raport 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 <u>truthful</u> and <u>securate as possible</u>. 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.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, adknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discloss 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' tawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims:

(ii) investigating the accident and/or my claims;

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(ii) 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 vahicle(s) involved in this accident and the insurers' lawyaraltay firms, may/are permitted to collect, use, disclose end/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.

1.1

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

Witnesses by Reporting Centre Personnel (Name as in NRICHO cert)

A: CB +5032+

B: SS.NA 5>15T

D: Tata

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Refer to me	statem.	A vita	- ( o )	
100	S CONTRACT	a acr	CONCA!	
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100				7
las there any video captured by	Car Camera? Yes	(No)		
as the driver been approached		Yes / No		
umber of Passengers (Including	(A)			
lame	The state of the s	ender:		
Vame	G	ender:		
Vame	G	ender		
Declaration	ie in every respect			
152 200	orall respect		1	
1 ( ( ) ( ) ( ) ( ) ( ) ( ) ( )	10/		/ 1	1
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	ver's Signature (if driver is not the policyh		sed by Reporting Centre Personne	
8.7	me	(Nams	as in NRtC/ID card)	

Accident Date:

03/10/2022

Accident Time:

0945 hours

Accident Location:

PIE towards Jurong before exit 31

Vehicle No:

(A) CB 7503 Z

(B) SNAK2157

(C) UNICHONAL,

(D) Taxi

On 3/10/2022 at 9:45am, I was driving my vehicle no: CB 7503 Z along PIE towards Jurong before exit

I was driving in the 2<sup>nd</sup> lane. There was road work somewhere ahead in lane 1. Suddenly, vehicle D (Taxi) cut into lane 2 from lane 1 in front of Vehicle C and immediately jammed his bake. I cannot stop in time. I collided into Vehicle B.

There was a traffic police that drove by, he asked us to exchange particulars and he arranged for my vehicle to be towed away and inform us to leave the scene as nobody was injured.

Due to other personal matters that have engaged me with the police on the 4/10/22 and 5/10/22, I was delayed in informing my insurance about this accident.

Bi Guan Jun

gun 10/10/2020





















