

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 10/10/2022 11:54 (SGT)
Reported by Driver
Date of Accident 07/10/2022 16:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information FARRER ROAD TO DAMSEY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH5165J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OS BAGUS FOOD STUFF
Company Reg No 5XXXX085K
Email Address MAKENZIELOUIS666@GMAIL.COM
Mobile Phone No (Phone) +65-98820990
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model ISUZU
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2978

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00080312200

DRIVER

Name of Driver WONG CHIAU LOUIS MAKENZIE
NRIC No SXXXX328J
Date Of Birth 06/06/1970
Occupation Outdoor

Date Of Driving Pass	08/09/1995
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98820990
Alt. Phone Number	-
Email Address	MAKENZIELOUIS666@GMAIL.COM
Address	3 JALAN KUKOH #08-133
Address complement	-
Postcode	161003
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	Raining
Road Surface	Wet

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

REFER TO REPORT

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	SMV7800F
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 Driver) -

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

OS BAGUS FOODSTUFF
 57, UBI CENTRE, #02-03 UBI AVE 1
 SINGAPORE 408936
 TEL: 67481363

Policyholder's Signature / Date & Time

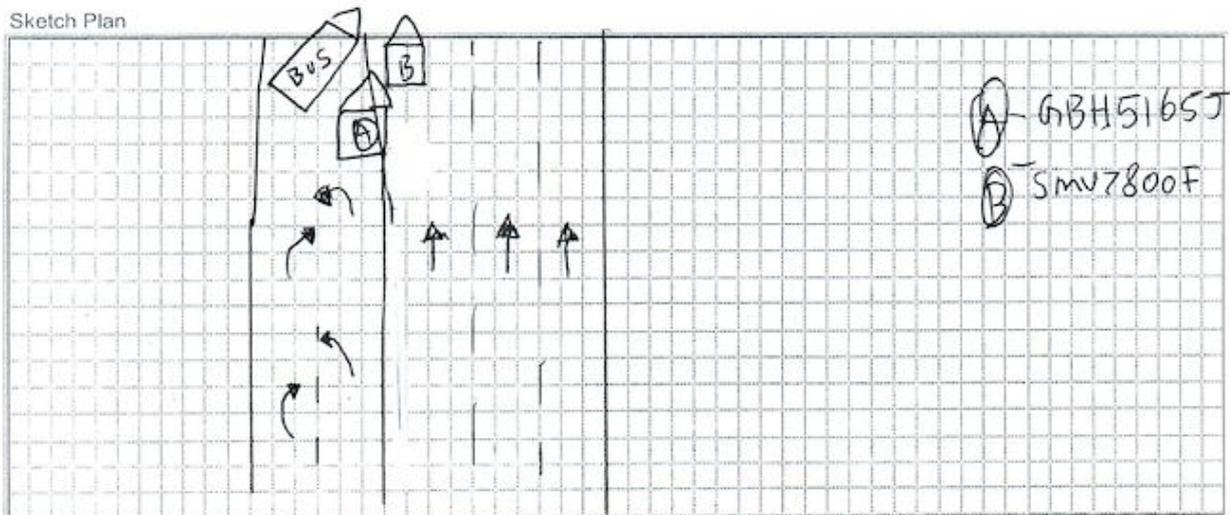
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

[Handwritten Signature]

[Handwritten Signature] 10/10/22

Sketch Plan



wJun2022

1

Describe Circumstance of the Accident

I Was driving along Farrer Road at the merging lane
 the bus suddenly ~~merge~~ merge and cut right ~~in~~ in front of
 me I move to the right and the vehicle on the
 right dint see me and ~~hit~~ ~~into~~ I hit the Rear Left
 Side of Smv 2800F. It was raining heavily at that
 point offline

Declaration

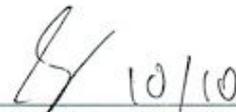
I/We declare the foregoing particulars are true in every respect.

OS BAGUS FOODSTUFF
 57, UBI CENTRE, #02-03 UBI AVE 1
 SINGAPORE 408936
 TEL: 67481363

Policyholder's Signature / Date & Time



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



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



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922AA0004-01 Vehicle Registration No: GBH5165J
 Name (as shown in NRIC): OS BAGUS FOOD STUFF NRIC/FIN/Passport No: 52990851C
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 3 JALAN KUKOH #08-133 Singapore 161003
 Contact (Tel): - Mobile No.: +65-9882099
 Email Address: MAKENZIELOUIS666@GMAIL.COM
 Date of Accident: 07/10/2022 Time of Accident: 16:15
 Place of Accident: FARRER ROAD TO DAMSEY ROAD
 Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

✶ update photos and sketch plan

 Policyholder / Driver's Signature
 Date:

By 19/10
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: