

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 13/10/2022 17:36 (SGT)
Reported by Driver
Date of Accident 08/10/2022 14:00 (SGT)
Exact Location of Accident 215 Ubi Ave 4, Singapore 408809
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2287R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GUSTO ENTERPRISE(S)PTE LTD
Company Reg No 2XXXXX064W
Email Address nrlafqahmn@yahoo.com
Mobile Phone No (Phone) +65-92482349
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00130582101

DRIVER

Name of Driver AKBARJON
NRIC No SXXXX165J
Date Of Birth 21/10/1976
Occupation Outdoor

Date Of Driving Pass	26/11/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82233572
Alt. Phone Number	-
Email Address	nrlafqahmn@yahoo.com
Address	BLK 289A COMPASSVALE CRESCENT
Address complement	#02-307
Postcode	541289
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEASING
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	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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB3777G
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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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.



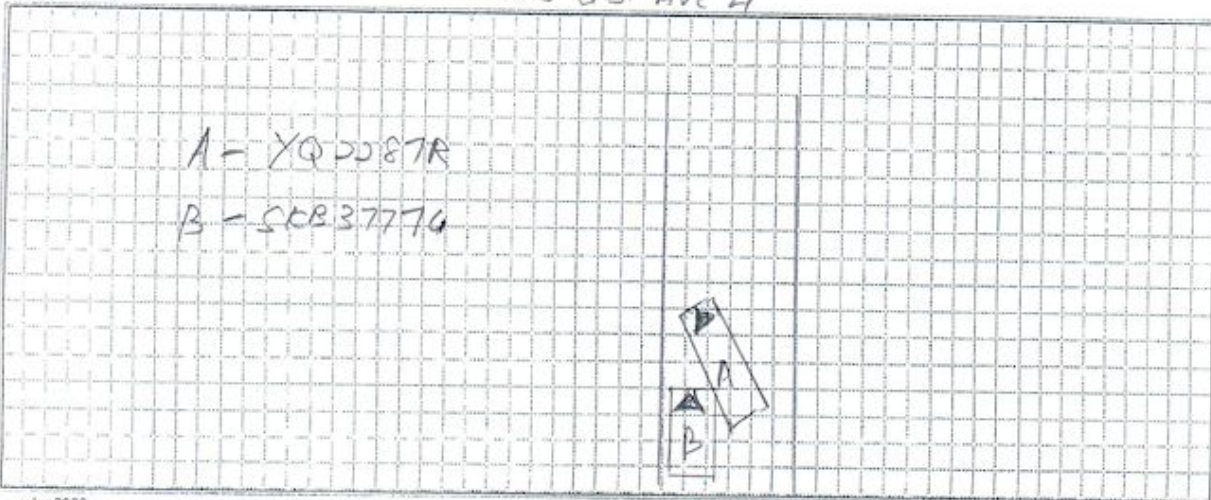
Policyholder's Signature / Date & Time

[Signature] 13/10/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 13/10/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

215 UBI AVE 4



vJun2022

Describe Circumstance of the Accident

I WAS DRIVING BACK TO THE OFFICE WHERE I SAW SOMEONE ~~BL~~ BLOCKING THE AREA WHERE I NEED TO REVERSE IN THE LORRY. THATS WHERE I MISSED JUDGED THE ANGLE AND BANG INTO THE CAR ON MY ~~RIGHT~~. THE PLACE IS SO NARROW AND I NEED TO LOOK FOR THE PROPER PLACE TO REVERSE IN. ALL THE VEHICLE THERE ARE NOT TO BE PARKED BECAUSE ITS A DOUBLE YELLOW LINE. WHEN I BANG THE CAR I HAVE NO FEELING IN THE LORRY. WHEN I CAME DOWN I SAW THE CAR ~~4~~ SIDE IS BEEN HIT AND AFTER THAT I SAW MY LORRY THERE IS NOTHING. I TAUGHT MAYBE THE CAR HAVE BEEN HIT SOMEWHERE AND CAME TO PARK THERE. THATS THE REASON I DIDNT APPROACH HIM AS IN THE CAR OWNER. PLEASE DONT PARK THERE WHERE ITS SO NARROW AND YOU KNOW YOU CAN PARK INSIDE ~~4~~ YOUR PREMISES.

Declaration

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



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)































