

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	12/10/2022 18:24 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 14:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 1 TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1976S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TIANMING CONSTRUCTION PTE LTD
Company Reg No	201128658M
Email Address	tianming0919@gmail.com
Mobile Phone No	(Phone) +65-66943151
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	XZU710R 14FT WIDE CAB 5T
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	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00144222100

DRIVER

Name of Driver	AMIN RUHUL
Passport No/FIN	G6897001L
Date Of Birth	16/06/1979
Occupation	Outdoor

Date Of Driving Pass	15/06/2016
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84349470
Alt. Phone Number	-
Email Address	ztsconst@gmail.com
Address	C/O ZTS CONSTRUCTION PTE LTD
Address complement	-
Postcode	-
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	Collision - Head to Rear
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 ATTACHED.

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	SHA7721G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NEO CHU YOK
NRIC No	S1553570I

Contact Number	(Phone) +65-98566150
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

VEH NO: YQ 1976S
INSURER: China Taiping
DATE OF ACC: 7/10/22 @ 14:35

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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.

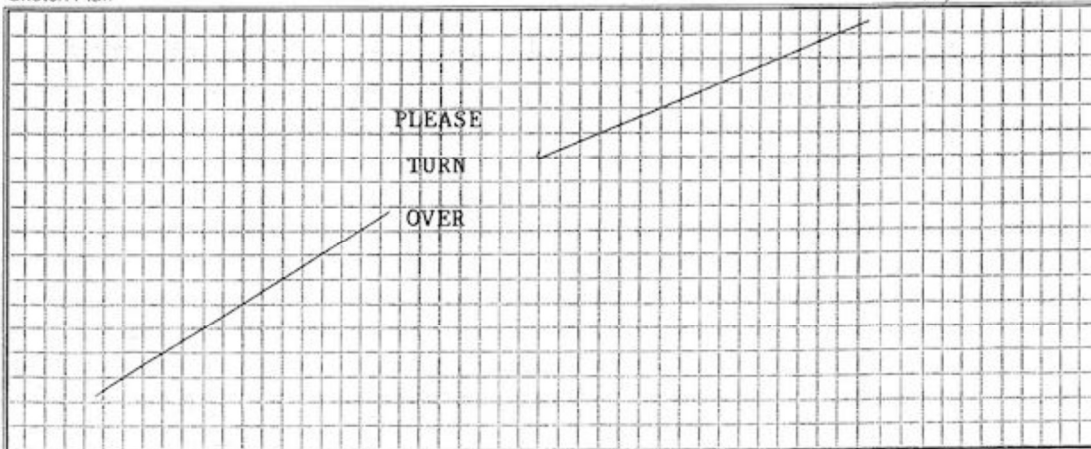


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party (☒) Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A- YQ 19765 (Alone)
B- SHA 7721G (Alone)
Neo Chu Yok
S 155 3570 I
HP- 9856 6150

It was raining and road was wet. I was behind m/taxi (B) to enter into CTE when it made a sudden brake. I couldn't stop in time and hit onto the rear of m/taxi (B). No one was injured.

Declaration

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

CONSTRUCTION PTE LTD
UEN
201128558M
Policyholder's Signature / Date & Time

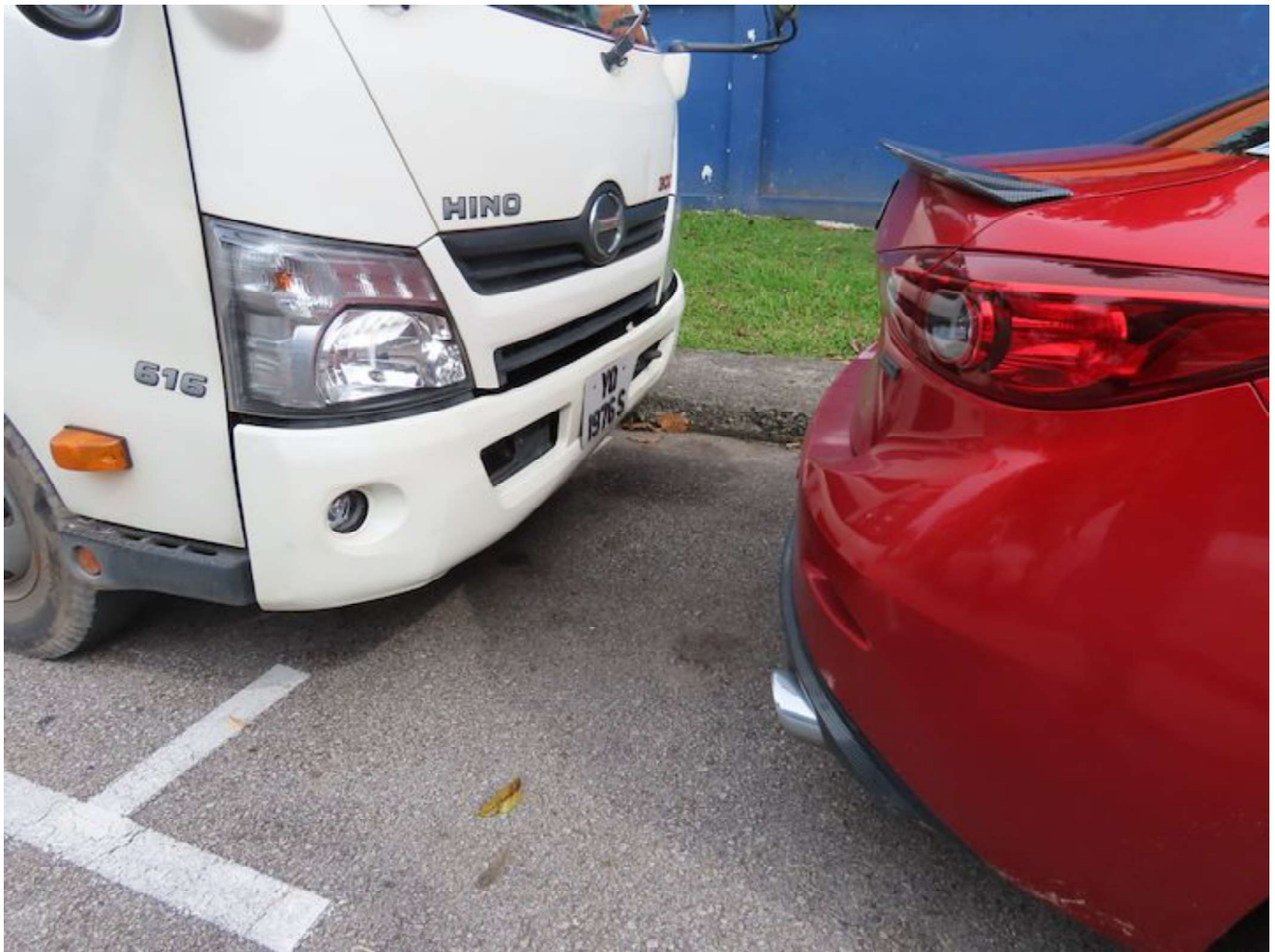
12/10/22
Driver's Signature (if driver is not the policyholder) / Date & Time

12/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

(45)

2













Date : 12 Oct 2022

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Amin Ruhul
 NRIC/FIN G6897001L, our employee / employee of ZTS
Construction Pte Ltd to drive our m/vehicle no. YQ1976S
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting
 Only) which occurred on (date) 07/10/22 @ (time) 14:35
 along (location) Ang Mo Kio Ave 1 Twds CTE.

* Relationship between Insured and driver's company: Same Boss

Thank you.

Regards,

X Shun



* SIGN & STAMP at the above *

Name of Owner : Tianming Construction Pte Ltd

NRIC / ROC : 201128658M

Contact No : 6694 3151

Email : tianming0919@gmail.com