

# 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 .....	25/10/2022 12:43 (SGT)
Reported by .....	Driver
Date of Accident .....	22/10/2022 12:30 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	TOWARDS NORMANTON PARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC3921S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AEDGE HOLDINGS PTE. LTD.
Company Reg No .....	2XXXXX323E
Email Address .....	william@aedge.com.sg
Mobile Phone No .....	(Phone) +65-9146806
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Golden Dragon
Model .....	XML6957J14B
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 .....	Bus
Transmission .....	Manual
CC .....	6690

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNA00009072203

### DRIVER

Name of Driver .....	ROBERT TAN CHAI HOCK
NRIC No .....	SXXXX056G
Date Of Birth .....	04/07/1964
Occupation .....	Outdoor

Date Of Driving Pass .....	04/08/2008
Driving experience .....	14 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96223415
Alt. Phone Number .....	-
Email Address .....	william@aedge.com.sg
Address .....	BLK 658A PUNGGOL EAST #15-709
Address complement .....	-
Postcode .....	621658
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 .....	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) .....	33
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Female

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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 ..... SG6258Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 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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  2. This form must be completed by the Policyholder and/or the Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may void insurance coverage to invalidate policy benefits.
  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 report may be referred to the Police for investigation.
  6. In event of a claim made by the insurers of the CA, the Claims Management Centre established by the General Insurance Association of Singapore (GIAS) for settling and that report will be a form to make available upon application by a successful claimant.
  7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the online and to copies of the report being made available to insurers.
  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 ("GIAS") may be 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 disclosed 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 Insurance Authority of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) of:
    - (i) processing, handling and/or dealing with my claim, including the settlement of the claim, and any matters arising from, relating to the claim;
    - (ii) investigating the accident and/or my claim;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claim (including the making 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 and packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim.
  - (b) collectively the "Purposes";
  - (c) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (d) my Personal Information may be disclosed by any of the Insurers under GIAS to their third party service providers or agents (including their lawyers/law firms), which may be located outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time  
Sketch Plan

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

  
Witnessed by Reporting Officer / Date & Time



ARE TWO'S  
Normanton Park.

A - PC3921S

B - SG 6258F

Describe Circumstances of the Accident

On 22/10/2022 around 1330hrs, I was driving my BUS PE3921S along ATE 7205 Normanton Park VEH B SG625RT was stationary at the bus stop. my Bus drove too near VEH B, and brush against VEH B. No damages to VEH B or I.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 25/10/2022  
Witnessed by Reporting Centre Personnel































