

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 17:16 (SGT)
Reported by Driver
Date of Accident 22/10/2022 08:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG YISHUN AVE 1 TOWARDS YISHUN AVE 8 BESIDE
LOWER SELETAR TIDAL GATE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5911G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner O2 AIRCON ENGINEERING PTE. LTD.
Company Reg No 2XXXXX927H
Email Address 02AIRCONBIZ@GMAIL.COM
Mobile Phone No (Phone) +65-94461627
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00116022202

DRIVER

Name of Driver CHOWHAN SHREE KANAY
Passport No/FIN GXXXX451R
Date Of Birth 01/03/1981

Occupation	Outdoor
Date Of Driving Pass	25/09/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88548036
Alt. Phone Number	-
Email Address	02AIRCONBIZ@GMAIL.COM
Address	157 JALAN TECK WHYE
Address complement	#03-123
Postcode	680157
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	SELVARAJ DINESH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
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	SD CARD TAKEN BY TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN9675X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOWHAN SHREE KANAY
Gender	Male
Phone No	(Phone) +65-88548036
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK5911G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

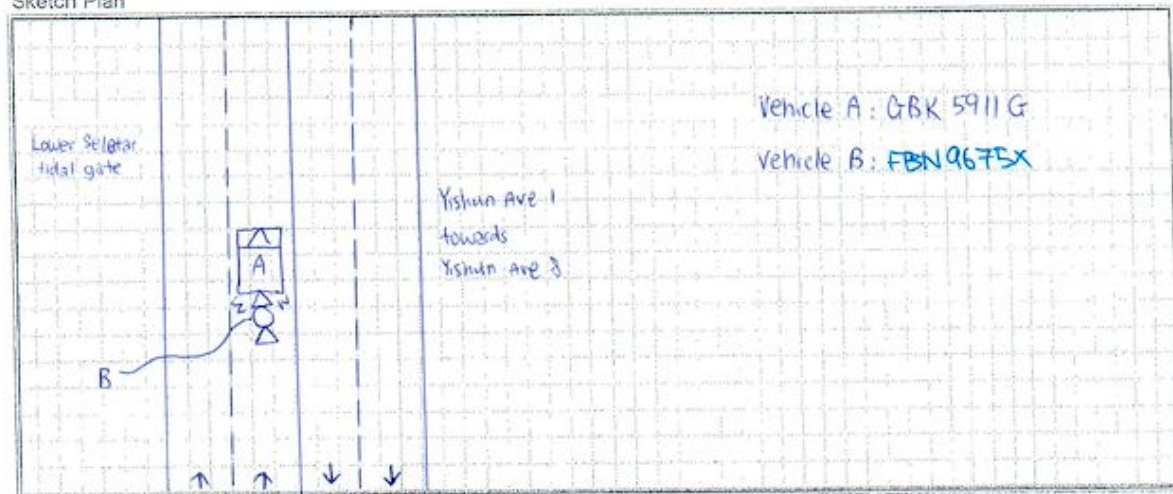
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms) may be sited outside of Singapore, for one or more of the above Purposes.

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

As of above date and time, I was driving my vehicle (GBK 5911G) along Yishun Ave 1 towards Yishun Ave 8 beside Lower Seletar tidal gate, I slowed down and stopped my vehicle due to a traffic accident ahead on the right lane. As I was stationary, vehicle B (FBN967X) collided into the rear portion of my vehicle

Declaration

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



Policyholder's Signature / Date & Time

KANAY

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

KANAY

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



























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20221022/2064

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Report No. T/20221022/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
A /
SGT 2 Lee Jia Hui

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Signature Of Informant:

Date/Time:
22/10/2022 15:17

Classification Of Case:

NP168



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: _____ Vehicle Registration No: G8K 5911 G
 Name (as shown in NRIC): CHOWHAN SHREE KANAY NRIC/FIN/Passport No: G8363451R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 157 JALAN TECK WHYE #03-123 Singapore (680157)
 Contact (Tel): _____ Mobile No.: 8854836
 Email Address: 02AIRCONBIZ@GMAIL.COM
 Date of Accident: 22/10/2022 Time of Accident: 08:55 HRS
 Place of Accident: YISHUN AVE 1 TOWARDS YISHUN AVE 8 RESIDE LOWER SELETAR LIDAL GATE
 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:

AMEND THE CORRECT EMAIL ADDRESS : 02AIRCONBIZ@GMAIL.COM

KANAY

Policyholder / Driver's Signature
Date:

7/11/2022

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