

# 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 19:29 (SGT)
Reported by .....	Driver
Date of Accident .....	22/10/2022 16:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BUKIT MERAH EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF1109J

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	STAMFORD CATERING SERVICES PTE LTD
Company Reg No .....	2XXXXX251C
Email Address .....	magdalene@select.com.sg
Mobile Phone No .....	(Phone) +65-68878321
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	TOYOTA DYNA 150 MANUAL
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 .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MH000659-R06

### DRIVER

Name of Driver .....	BABANTO RONALD UNABIA
Passport No/FIN .....	GXXXX997M
Date Of Birth .....	12/07/1985
Occupation .....	Outdoor

Date Of Driving Pass .....	23/06/2016
Driving experience .....	6 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87509608
Alt. Phone Number .....	-
Email Address .....	magdalene@select.com.sg
Address .....	-
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

There is tree pruning on left side of the road. I follow front vehicle moving slowly. SKA4449C collided onto my rear and my vehicle was pushed forward resulted chain collision of 3 vehicles. Nobody injured.

#### 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 .....	SKA4449C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHUA ZENG DA

NRIC No .....	SXXXX004D
Contact Number .....	(Phone) +65-98551398
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNA9546L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOH KUM KENG ALBERT (LUO JINQING, ALBERT)
NRIC No .....	SXXXX635G
Contact Number .....	(Phone) +65-98468041
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

VEHICLE: GDF 11091  
INSURER: Tokio Marine  
DATE OF ACC: 23/10/22 4:11pm

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

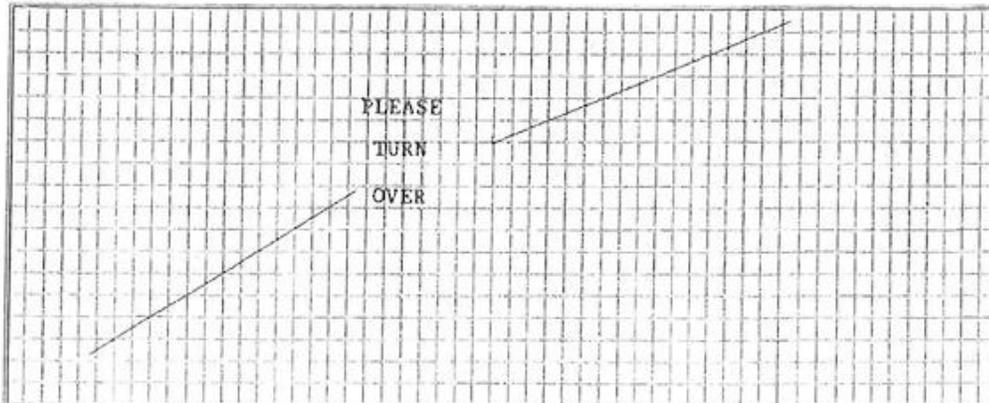
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) *(YS) eng 23/10/22*

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. PIs check your policy for more information

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

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan

A: GBF 1109J

B: SKA 4449C  
Chua Zeng Da  
S73470042  
MP: 9855 1398

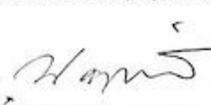
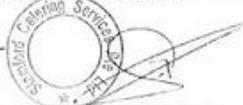
C: SNA 0546L  
Loh Kum Heng Albert  
(Luo Jinping, Albert)  
S7934635G  
MP: 9846 8041

DOA: 22/10/22 4:11pm

There is tree pruning on left side of the road. I follow front vehicle moving slowly. SKA4449C collided onto my rear and my vehicle was pushed forward resulted chain collision of 3 vehicles. Nobody injured.

Declaration

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


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)