

# 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 .....	31/10/2022 17:59 (SGT)
Reported by .....	Driver
Date of Accident .....	29/10/2022 21:10 (SGT)
Exact Location of Accident .....	Boon Keng Rd, Singapore
Additional Location Information .....	TURN RIGHT TOWARDS BENDEMEER ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PA6567Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GOLDEN TOP TRAVEL
Company Reg No .....	5XXXX000M
Email Address .....	goldentoptravel@live.com
Mobile Phone No .....	(Phone) +65-98900572
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	LT134P
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 .....	Bus
Transmission .....	Manual
CC .....	7790

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00002992202

### DRIVER

Name of Driver .....	KRISHNAMOORTHY RAMKUMAR
Passport No/FIN .....	GXXXX986Q
Date Of Birth .....	14/07/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	06/01/2015
Driving experience .....	7 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98900572
Alt. Phone Number .....	-
Email Address .....	goldentoptravel@live.com
Address .....	BLK 686C CHOA CHU KANG CRESCENT #04-212
Address complement .....	-
Postcode .....	683686
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? .....	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

PLEASE REFER TO SKETCH PLAN

#### 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 OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC9640D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-

Contact Number .....	(Phone) +65-84987307
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")

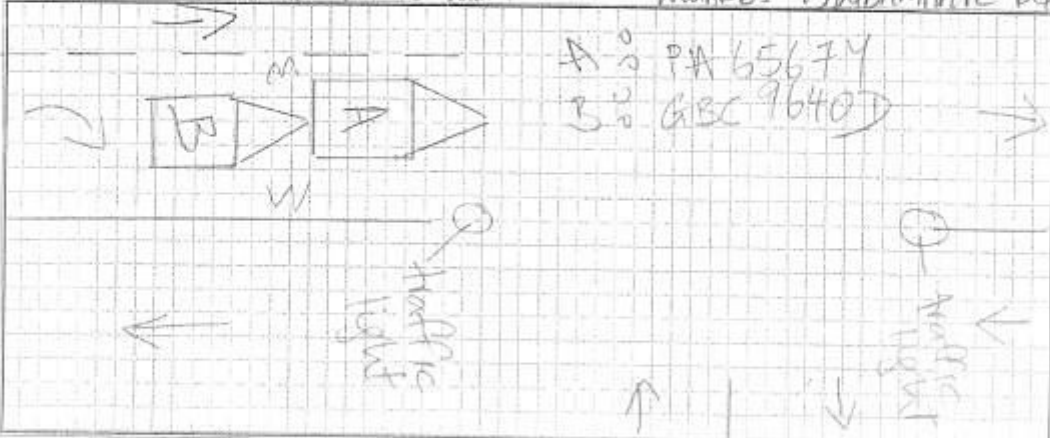
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

*dy*  *nk* *31/10/2022*





Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel (Name as in NRIC card)

Sketch Plan *Boon Keng Road turn RIGHT towards Pandan Road*



A: PA 6567M  
B: GBC 9640D

Traffic light

Describe Circumstance of the Accident	
<p>on 29.10.2022 at 9.10 pm I was driving my vehicle pastory  along Bunkang road, at the traffic light into Pandan road,  I stopped to adhere to the traffic light.  Suddenly, there was an impact at my rear, I alight and saw Q&amp;Q  collided into my rear, we exchanged particulars and left the scene.  Nobody was injured</p>	
<p>Was there any video captured by Car Camera? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>	
<p>Has the driver been approached by unknown person(s)? Yes <input type="radio"/> / <input checked="" type="radio"/> No</p>	
<p>Number of Passengers (Including Driver)? 01</p>	
Name	Gender:
Name	Gender:
Name	Gender:
<p>Declaration  I/We declare the foregoing particulars are true in every respect.</p>	
<p>   Policyholder's Signature / Date &amp; Time</p>	<p>  Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>
<p> 31/10/2022  Witnessed by Reporting Centre Personnel  (Name as in NR/CID card)</p>	

























