

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 08/11/2022 13:16 (SGT)
Reported by Driver
Date of Accident 07/11/2022 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information KAKI BUKIT RD 3JUNC OF KAKI BUKIT IND TERRACE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX7730X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BAN JOO INVESTMENT (PTE) LTD
Company Reg No 1XXXXX747M
Email Address michaelss@banjoo.com.sg
Mobile Phone No (Phone) +65-65338338
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Liteace
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 1166

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00084612204

DRIVER

Name of Driver LEOW SEE SONG
NRIC No SXXXX154A
Date Of Birth 05/07/1951
Occupation Outdoor

Date Of Driving Pass	16/09/1982
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97526609
Alt. Phone Number	-
Email Address	michaellss@banjoo.com.sg
Address	BLK 102 SIMEI ST 1
Address complement	#11-922
Postcode	520102
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)	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 ATTACHED REPORT

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	GX2452G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

07/NOV/2022/MON 13:17

RECEIVED 07/11/2022 13:00
FAX No.

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SKETCH PLAN

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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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

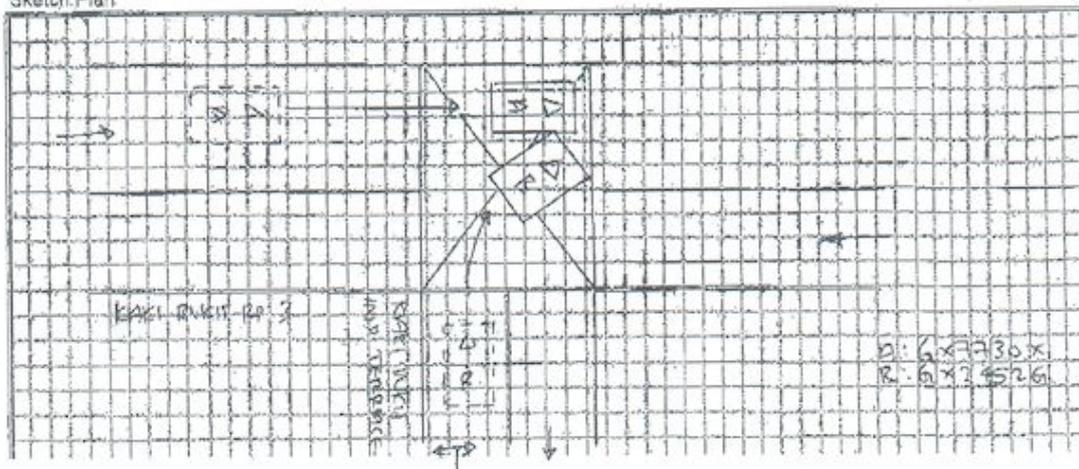
- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insured(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 envelope/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 be 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 also 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.

X  _____
 Policyholder's Signature / Date & Time

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

 8/11/2022
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



07/NOV/2022/MON 13:17

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Describe Circumstance of the Accident

ON THE STATED DATE AND TIME I WAS TRAVELLING ON
KACI BUKIT RD 3.

OUT OF NOWHERE, VEH B EXITED FROM KACI BUKIT
AND TERANCE AND HIT ONTO MY VEH'S RIGHT PORTION AT
A GREAT SPEED AND THE IMPACT PUSHED MY VEH TO THE LEFT
CAUSING MY VEH TO MOUNT THE KERB.

Declaration

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

X



Policyholder's Signature / Date & Time

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

P 8/11/2022

Witnessed by Reporting Centre Personnel















