

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 29/11/2022 14:51 (SGT)
Reported by Driver
Date of Accident 26/10/2022 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG TOWN HALL ROAD X PANDAN GARDENS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8480P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YISHUN TOWING PTE LTD
Company Reg No 2XXXXX908W
Email Address feliciatan80@hotmail.com
Mobile Phone No (Phone) +65-96608480
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NQR75UK5A
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 Commercial vehicle
Transmission Auto
CC 5193

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00036712201

DRIVER

Name of Driver KOH ZHAN PING
NRIC No SXXXX916F
Date Of Birth 17/04/1996
Occupation Outdoor

Date Of Driving Pass	17/09/2022
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91918480
Alt. Phone Number	-
Email Address	feliciatan80@hotmail.com
Address	BLK 330 SERANGOON AVE 3 #09-369
Address complement	-
Postcode	550330
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	GBJ8780C
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) -

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.

Policyholder's Signature / Date & Time

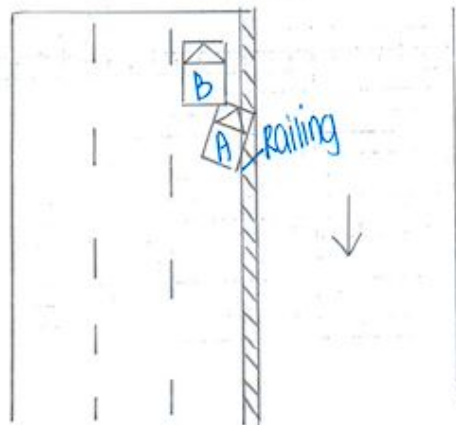
Sketch Plan

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

Jurong Town Hall Rd x Pandan Gardens

Witnessed by Reporting Centre Personnel

29/11/2022



A) YP 8480 P
B) GBJ 8780 C

Describe Circumstances of the Accident

I was travelling on the extreme right lane of Jurong Town Hall Rd toward Pandan Loop. Vehicle in front of me suddenly jammed brake and come to a complete stop, I applied my brake immediately to avoid the accident however my truck still skid forward. Due to the accident, my truck mounted up the kerb and hit the railings.

Declaration

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

29/11/2022

Witnessed by Reporting Centre Personnel



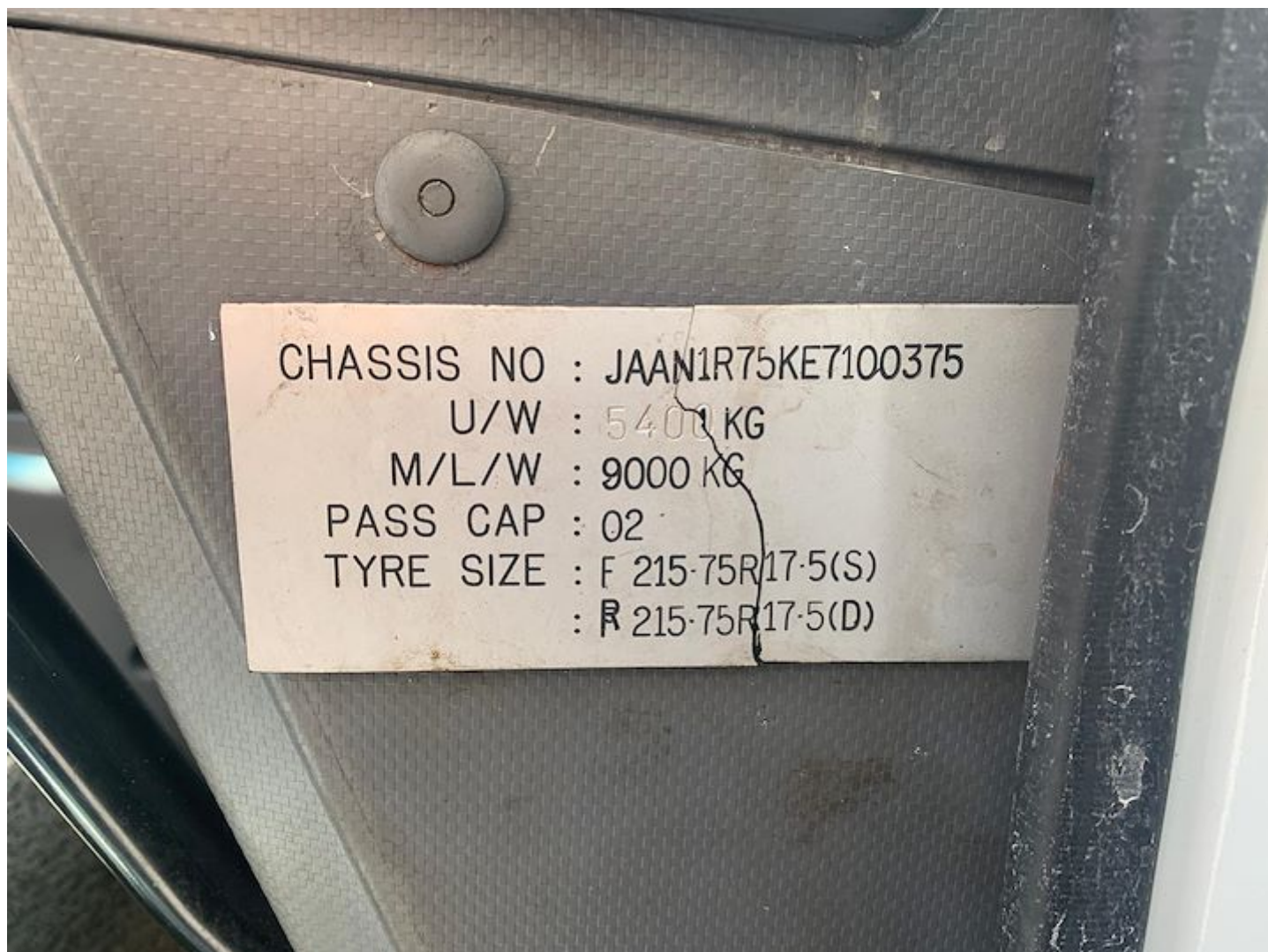












CHASSIS NO : JAAN1R75KE7100375

U/W : 5400 KG

M/L/W : 9000 KG

PASS CAP : 02

TYRE SIZE : F 215-75R17-5(S)

: R 215-75R17-5(D)







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: SN0922BT0009 Vehicle Registration No: YP 8480 P
 Name (as shown in NRIC): Koh Zhan Ping NRIC/FIN/Passport No: S9614916 F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 330 Serangoon Ave 3 #09-369 Singapore (S50330)
 Contact (Tel): _____ Mobile No.: 91918480
 Email Address: feliciatan80@hotmail.com
 Date of Accident: 26/10/2022 Time of Accident: 1800
 Place of Accident: Jurong Town Hall Rd x Pandan Gardens
 Insurance Company: China Taiping Insurance

(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 accident date

Policyholder / Driver's Signature
Date:

29/11/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: