

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	06/12/2022 15:50 (SGT)
Reported by	Both
Date of Accident	05/12/2022 19:15 (SGT)
Exact Location of Accident	7 Hougang Ave 3, Block 7, Singapore 530007
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK993C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NELSON PARQUET SPECIALIST (SINGAPORE) PTE LTD
Company Reg No	201619080M
Email Address	jiaxuansim@gmail.com
Mobile Phone No	(Phone) +65-83661113
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	FEA01BR2SDEK (CBU)
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00151492102

DRIVER

Name of Driver	RAMASAMY DHARMARAJ
Work Permit No	G7415259M
Date Of Birth	11/07/1978
Occupation	Outdoor

Date Of Driving Pass	11/03/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82370350
Alt. Phone Number	-
Email Address	jiaxuansim@gmail.com
Address	12 DEFU LANE 10 #01-446
Address complement	-
Postcode	539193
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	No 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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	3
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	SAW KYAW
Gender	Male

PASSENGER 2

Name	NATHAN
Gender	Male

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

I was reversing into a parking lot. Vehicle B was beside me. When my vehicle was close to vehicle B, my workers who are behind alerted me and i stopped immediately. I need to emphasize that there is no collision. However, after parking, Vehicle B's driver who was in the car claimed that i had collided to his vehicle front right portion. The damage that he pointed out was not consistent at all. My workers who was behind has already alerted me when i was close to vehicle B and i stopped immediately. After parking, vehicle B's driver doesn't allow me to go and insist that i've damaged his vehicle.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

SKETCH PLAN

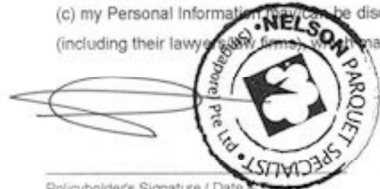
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8. Consent under the Personal Data Protection Act (PDPA)

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



Policyholder's Signature / Date & Time

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

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



Sketch Plan

NO COLLISION!

05-12-22

A: GBK 9936

B:

Describe Circumstance of the Accident

I was reversing into a parking lot. vehicle B was beside me. when my vehicle was close to vehicle B, my workers who are behind alerted me and I stopped immediately. I need to emphasize that there is no collision. However, after parking. vehicle B's driver who was in the car claimed that I had collided to his vehicle front right portion. The damage that he pointed out was not consistent at all. My workers who was behind has already alerted me when I was close to vehicle B and I stopped immediately. After parking, vehicle B's driver doesn't allow me to go and insist that I've damaged his vehicle.

Declaration

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



[Signature]

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

[Signature]

[Signature]

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























