

## 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 .....	09/01/2023 18:38 (SGT)
Reported by .....	Driver
Date of Accident .....	07/01/2023 11:45 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	CTE TWDS CITY, BETWEEN AMK AVE 3 EXIT AND AMK AVE 1 EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK9950S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ARSEA PTE LTD
Company Reg No .....	201706249E
Email Address .....	ARSEA88@GMAIL.COM
Mobile Phone No .....	(Phone) +65-62914788
Alternative Phone No .....	(Office) +65-62914761

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00019322200

#### DRIVER

Name of Driver .....	TANG HONG HWEE
NRIC No .....	S1697513C
Date Of Birth .....	27/08/1965

Occupation .....	Outdoor
Date Of Driving Pass .....	14/10/1997
Driving experience .....	25 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91816973
Alt. Phone Number .....	-
Email Address .....	2708.TANG@GMAIL.COM
Address .....	BLK 470B FERNVALE LINK
Address complement .....	#13-436
Postcode .....	792470
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

#### REFER TO SKETCH PLAN

#### 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 .....	GBD4659D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	NG KAH TECK

Passport No/FIN .....	G2042448L
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****IMPORTANT NOTICE**

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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.



*[Signature]*



Kon Yin Siew

Policyholder's Signature / Date & Time

9/1/2023 3pm

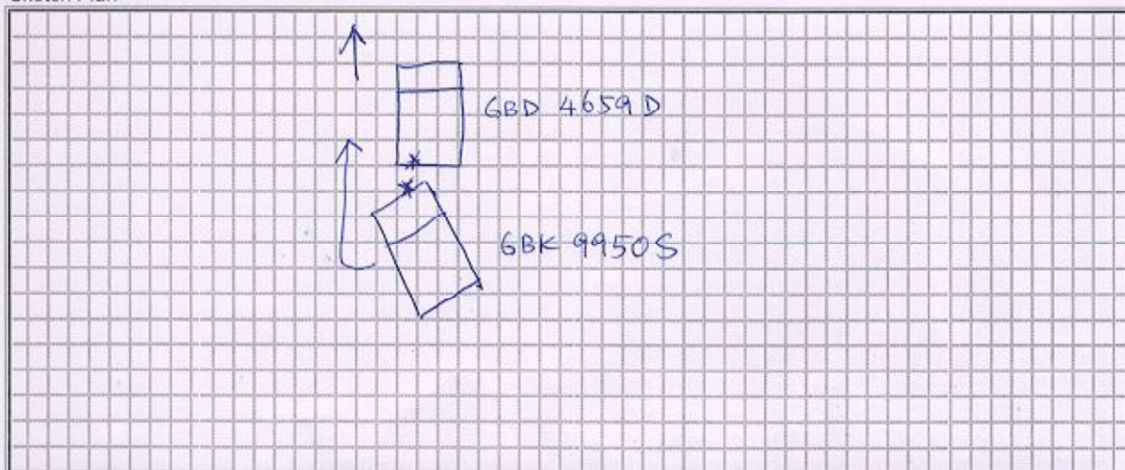
Sketch Plan

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

9/1/2023 3pm

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)



Describe Circumstance of the Accident

WHILE DRIVING ALONG CTE TOWARDS CITY DIRECTION, LOCATION  
ROUGHLY BETWEEN ANG MO KIO AVE<sup>3</sup> EXIT TO ANG MO KIO AVE  
1 EXIT. WHILE OVERTAKING VEHICLE NUMBER GBD 4659D  
WHICH IS IN FRONT OF MY MOVING VEHICLE GBK 9950S,  
~~VEHICLE~~ ~~NOT~~ NOT AWARED THAT THE FRONT VEHICLE GBD 4659D  
HAD A SUDDEN STOP AND WHEN I APPLIED EMERGENCY  
BRAKE AND UNFORTUNATELY MY VEHICLE GBK 9950S STILL  
HIT THE BACK (NEAR LEFT SIDE OF VEHICLE) OF VEHICLE  
GBD 4659D.

WHILE TAKING PHOTOS OF THE DAMAGES, I NOTICED  
THE FRONT VEHICLE GBD 4659D HAD ONE STRETCH OF  
SCRATCHES ALONG HIS VEHICLE BODY LEFTHAND SIDE,  
ATTACHED PHOTO.

I (Owner/In-charge/Driver) TANG HONG HWEE, NRIC NO: S 1697513C Vehicle No: GBK 9950S

will be sending my above stated damaged vehicle to Company name: \_\_\_\_\_

for my vehicle damaged repairs and insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharge Goldbell  
Engineering Pte Ltd.

Declaration

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



Policyholder's Signature / Date & Time

9/1/2023 3pm

*[Signature]*

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

9/1/2023 3pm



Kon Yin Siew

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































## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

## (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SG0M23190005 Vehicle Registration No: GBK9950S  
 Name (as shown in NRIC) : TANG HONG HWEE NRIC/FIN/Passport No : SXXXX513C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 470B FERNVALE LINK, #13-436 Singapore (792470)  
 Contact (Tel) : 91816973 Mobile No. : \_\_\_\_\_  
 Email Address : 2708.TANG@GMAIL.COM  
 Date of Accident : 07/01/2023 Time of Accident : 11:45  
 Place of Accident : CTE  
 Insurance Company : China Taiping Insurance (Singapore) Pte. Ltd

## (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:

Attached 1 more damages photo of the vehicle GBD4659D.

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Policyholder / Driver's Signature  
 Date:



Reporting Centre Personnel's Signature  
 Name: Kon Yin Siew  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_