# **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 witholding 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.

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   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 02/02/2023 10:11 (SGT) Reported by Driver Date of Accident 01/02/2023 19:20 (SGT) Exact Location of Accident Mountbatten Rd, Singapore Additional Location Information JUNCTION WITH OLD AIRPORT ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PD8838L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **ECO GREEN TRANSPORT** Company Reg No 5XXXX585D Email Address tongsha88@gmail.com Mobile Phone No (Phone) +65-88258389 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment** 

accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Auto CC 2754

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00002322200

DRIVER

Name of Driver LIM MENG CHIN (LIN MINGZHEN) NRIC No SXXXX813Z Date Of Birth 09/02/1976 Occupation Outdoor

Date Of Driving Pass 06/01/1993 Driving experience 30 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-88258389 Alt. Phone Number Email Address tongsha88@gmail.com Address 43 JALAN MINGGU Address complement Postcode 577371 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name **UNKNOWN** 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 PLEASE REFER TO SKETCH PLAN

Yes

Are accident photos available for attachment?

ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SMN5729X
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
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

### IMPORTANT NOTICE

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- The basic and acceptance of this Formby 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
- The report will be forwarded by the insurers of the GIA Records Atmagement Centre established by the General Insurance Association
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- 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 mode available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

funderstand, 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 another processing personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my neutric (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 (all insurer(s)) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurer's"), the insurer's 'lawyers/aw 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 chims including the settlement of the claims and any necessary investigations relating to the chims;
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the meding of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about defivery of the same as well as on the external cover of envelopes/med 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/aw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or note of the above Purposes, and

(c) my Personal information may/can be disclosed by any of the insurers and/or GN, to their third party service providers or agents (including their lawyers/law farm), which may be sited outside of Singapore, for one or more of the above Purposes.

ECO GREEN TRANSPORT UEN: 53413585D ECO GREEN TRANSPORT UEN 53413585D

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

I BBB B Jnction of man Hostien Rood

TOBB B Old Airport Road.

Witnessed by Reporting Centre

Policyholder's Signature / Date & Timo

Sketch Plan

A-PD8838L

B-SMN5729X

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ryholder's Signature / Date &	Order's Signature (If driver is not the pelicyholder) / Do	11/1 07/07/201
CO GREEN TRANSPORT UEN 534135850	ECO GREEN TRANSPORT	11100
e declare the foregoing particul	ors are true in every respect	
claration		
typed to due	use las.	s right tray, when he
straight within	n Road Road and old Airport my Inc. Suddenly z feet an AN 5729x Collided onto my Br	Impact from the right
of mountbatter	and 1920ars, I was driving my 134 a Road Road and old Airport	Road. I was travelling

Accident report SN0823220001

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