

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	26/01/2023 19:42 (SGT)
Reported by	Driver
Date of Accident	20/01/2023 22:42 (SGT)
Exact Location of Accident	Sealand Rd, Singapore
Additional Location Information	Sealand Road towards Halton Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2773J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Hang Xiang Transport Services
Company Reg No	53246578D
Email Address	mlts_256@yahoo.com.sg
Mobile Phone No	(Phone) +65-96818651
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00007372200

DRIVER

Name of Driver	Lau Bee Hwa
NRIC No	S1519681E
Date Of Birth	22/06/1962
Occupation	Outdoor

Date Of Driving Pass	28/03/2006
Driving experience	16 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92329153
Alt. Phone Number	-
Email Address	mlts_256@yahoo.com.sg
Address	Blk 256 Yishun Ring Road #03-1001 Yishun Sunshine
Address complement	-
Postcode	760256
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	drizzling
Road Surface	Wet

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 attached report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	video with owner.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND1345L
Vehicle Manufacturer	-
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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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

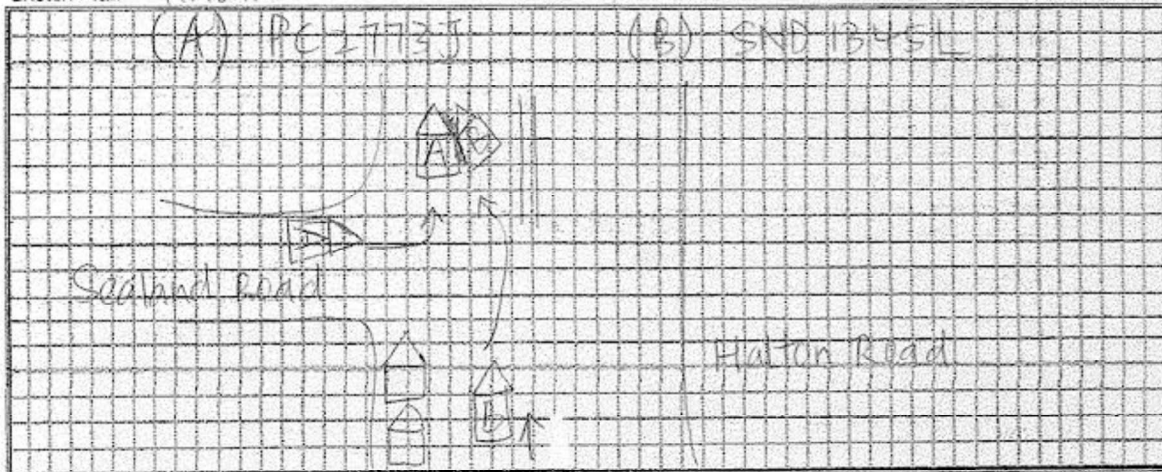
761123
11:10AM

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

561123
11:10AM

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

Sketch Plan



Describe Circumstance of the Accident

On 20/1/2023 at 10:42pm I was driving my vehicle (A) PC2773J along Sealand Road towards Halton Road. As I was going out from the small road and my vehicle was going straight on the road. Suddenly, the vehicle (B) SND1345L from behind overtake my vehicle and drag my vehicle to the left side and hit onto my vehicle front right portion.

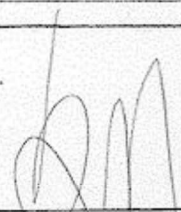
Declaration

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

Policyholder's Signature / Date & Time


26/1/23
11:10am

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


26/1/23
11:10am

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



To Whom It May Concern,

Accident involving my vehicle no PC2773J on 20/1/2023 (date) with
CND1345L (other veh no) along sealand Road towards
Halton Road

I, Hang Xiang Transport Services NRIC No: 53246578D
owner of vehicle no - PC2773J am aware of the accident of my vehicle on
20/1/2023 (Date) while car was driven by Lau Bee Hwa
IC No: 51519681E I hereby authorise him/her to make the report.




Name Hang Xiang Transport Services
Date: 26/1/2023

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

Name

Date



















