

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	09/02/2023 16:50 (SGT)
Reported by	Driver
Date of Accident	08/02/2023 12:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TAMPINES ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5840C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE (S) PTE LTD
Company Reg No	2XXXXX064W
Email Address	sales.vroomauto@gmail.com
Mobile Phone No	(Phone) +65-93371048
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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00095092200

DRIVER

Name of Driver	GOH WEI HAO
NRIC No	SXXXX577C
Date Of Birth	06/06/1997
Occupation	Outdoor

Date Of Driving Pass	23/03/2018
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88890875
Alt. Phone Number	-
Email Address	sales.vroomauto@gmail.com
Address	APT BLK 786C WOODLANDS DRIVE 60
Address complement	# 08-75
Postcode	733786
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL LEASING
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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR8970Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DARA ROK ING
NRIC No	SXXXX374I

Contact Number	(Phone) +65-87155938
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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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 be permitted to collect, use, disclose and/or access my personal data/personal information 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 insurers) 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 this accident and/or my claims;
 - (iii) carrying out my instructions in responding to any enquiries by me;
 - (iv) administering claims (including the making of correspondence, statements, invoices, reports or other documents) which may involve disclosure of certain Personal Data about me to him, without delivery of the same as well as on the external cover and envelope of 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 be 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 based outside of Singapore for one or more of the above Purposes.

Policyholder's Signature (Name)

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

Witness (Not a Policyholder or Claimant) / Name

Sketch Plan

Along Tampines Road

Vehicle A: GBK5840C

Vehicle B: SMR8970Z

TAMPINES ROAD

Describe Circumstance of the Accident

At the stated date and time, I was travelling along Tampines Road.
Traffic light was red and the car in front slowed down and stop. I could
not brake in time and collided onto vehicle B rear left.

Declaration

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

Policyholder's Signature & Date

GUSTO ENTERPRISES (SI) PTE LTD
202003064W
UEN

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


Witness (if any) / Witness / Extra Personnel
(Name, position, and contact)
 9/2/2023





















