

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	29/04/2023 11:58 (SGT)
Reported by	Owner
Date of Accident	28/02/2023 12:30 (SGT)
Exact Location of Accident	Ubi Rd 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5607R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A MEDIA PRINT PTE LTD
Company Reg No	201500674C
Email Address	VINCENT@AMEDIA.SG
Mobile Phone No	(Phone) +65-97961325
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00071232203

DRIVER

Name of Driver	UDAIYAPPAN THIRUMOORTHY
Passport No/FIN	G8168142U
Date Of Birth	10/05/1984
Occupation	Indoor

Date Of Driving Pass	30/11/2018
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83937207
Alt. Phone Number	-
Email Address	VINCENT@AMEDIA.SG
Address	970 TOA PAYOH NTH #06-22
Address complement	-
Postcode	318992
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	Raining
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

VEHICLE B INFRONT SUDDENLY BRAKE, I CANNOT STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	SML466Y
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) -

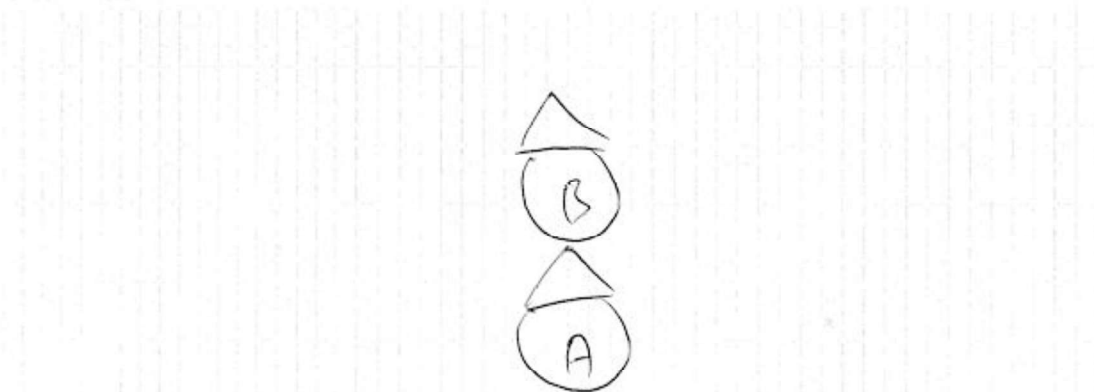
SKETCH PLAN

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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	 Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident


Vehicle @ in front suddenly brake, I cannot stop
in time and hit onto vehicle @ rear portion

Declaration

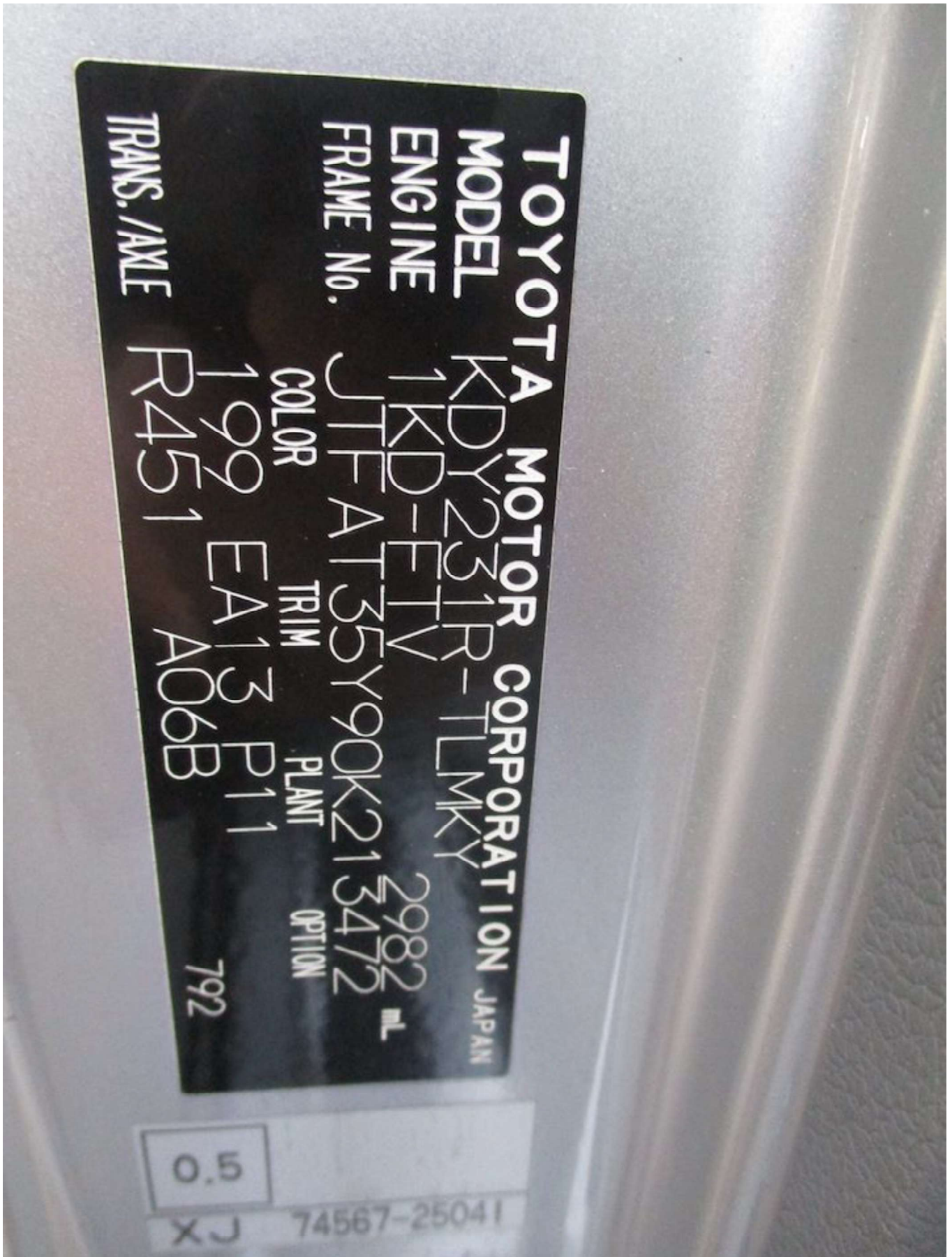
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time




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

Witnessed by Reporting Centre
Personnel













中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ORIGINAL

THE SCHEDULE

Agency : AN0633A Class of Policy : Motor Commercial Vehicle Policy No. : DMCVSNW00071232203
Account : AN0633A Issued on : 07/06/2022 in SINGAPORE Replacing Policy No. DMCVSNW00060892102
Client : A017803C Acceptance Date : 07/06/2022

Period of Insurance : 10/06/2022 to 09/06/2023, both dates inclusive

Insured's Name : A MEDIA PRINT PTE LTD
Address : 970 TOA PAYOH NORTH
#06-22
SINGAPORE 318992

Business/Occupation : MANUFACTURE OF SIGNS AND ADVERTIS

Premium	:	Basic Annual Premium	:	\$S1,837.61
	:	Less 15% Loyalty Discount	:	\$S 275.64
	:	Less 20% Autosafe Scheme	:	\$S 312.39
	:	No Claim Discount -20%	:	\$S 249.91
	:	Windscreen @ \$2,000.-	:	\$S 100.00
	:	Total Annual Premium	:	\$S1,099.67
	:	Premium Due	:	\$S1,099.67
	:	Premium GST	:	\$S76.98
	:	Total Due	:	\$S1,176.65

Risk No.1	Motor Commercial Vehicle	No. of seats	: 2
Make/Model	: TOYOTA DYNA WITH CANOPY	Body Type	: Lorry
Registration	: GBJ5607R	Chassis No.	: JTFAT35Y90K213472
Engine No.	: 1KD2858412	Certificate Ref.	: M2300/C
Tonnage	: 1.67		
Year of Manuf/Regn	: 2019/2019		
Type of Cover	: Comprehensive		
Financial Interest	: UNITED OVERSEAS BANK LIMITED		
Sum Insured:Market value at the time of loss			
Excess Sect I		:	\$S500.00
EX ON WINDSCREEN		:	\$S100.00

ORIGINAL REGISTRATION DATE: 10.06.2019

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

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China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
#3 Anson Road #16-00 Springleaf Tower Singapore 079909

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🌐www.sg.cntaiping.com