

# 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 .....	01/08/2022 13:59 (SGT)
Reported by .....	Driver
Date of Accident .....	29/07/2022 19:54 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	NEAR STEVENS ROAD, EXIT 19
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GY9131G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	OFFICE EMPIRE PTE LTD
Company Reg No .....	200707176G
Email Address .....	INFO@OFFICE-EMPIRE.COM
Mobile Phone No .....	(Phone) +65-63626797
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Urvan
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 .....	2953

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00021182204

### DRIVER

Name of Driver .....	ALI MD SUKUR
Work Permit No .....	G8138806M
Date Of Birth .....	31/07/1977
Occupation .....	Outdoor

Date Of Driving Pass .....	21/12/2020
Driving experience .....	1 YEAR AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82765918
Alt. Phone Number .....	-
Email Address .....	ALIMDSUKURALI@GMAIL.COM
Address .....	34 MANDAI ESTATE
Address complement .....	#10-28
Postcode .....	729940
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	FAKRUL
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

#### 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 .....	SKE5846L
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHC1396R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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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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.



Policyholder's Signature / Date &amp; Time

Signature of 01-08-22/10am

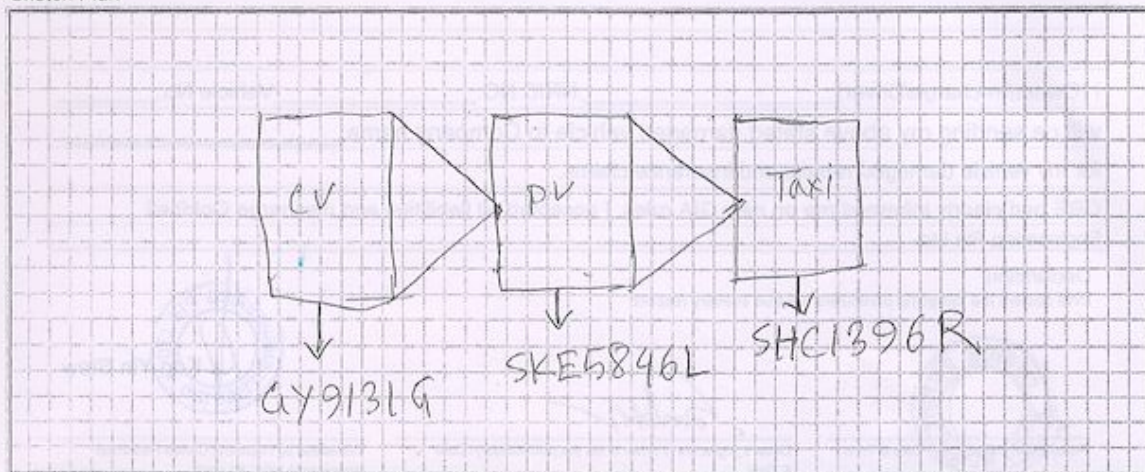
Driver's Signature (if driver is not the policyholder) / Date &amp; Time



Kon Yin Siew

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

Sketch Plan





## Describe Circumstance of the Accident

On date 29th July-22 at about 19.54, I was driving back from workplace with my co-worker ~~and~~, Vehicle speed was 55kph. It was heavy raining evening and road surface was wet.

While I was crossing the location "Stevens Road" Exit 19 (PTE Changi), I had seen vehicle SKE5846L hit the vehicle (Taxi)-SHG1396R and they immediately stopped the vehicle. I pressed hard brake and slightly hit the back side of vehicle SKE5846L.

SKE Vehicle SKE5846L & SHG1396R drivers discussed and decided to claim insurance.

I (Owner/In-charge/Driver) \_\_\_\_\_, NRIC NO: \_\_\_\_\_, Vehicle No: \_\_\_\_\_

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

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



Kop Yin Siew

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

































