

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	16/03/2023 11:11 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 06:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE CHANGI AND UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD406T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAN BUS TRANSPORT
Company Reg No	5XXXX308C
Email Address	tan.bus.transport@gmail.com
Mobile Phone No	(Phone) +65-91160666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Dispatch
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1997

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0007892

DRIVER

Name of Driver	LIU JIANPING
NRIC No	SXXXX250J
Date Of Birth	29/08/1983
Occupation	Outdoor

Date Of Driving Pass	25/01/2011
Driving experience	12 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91160666
Alt. Phone Number	-
Email Address	tan.bus.transport@gmail.com
Address	BLK 117 BEDOK NORTH ROAD #08-219
Address complement	-
Postcode	460117
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	0
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 STATEMENT AND ATTACHMENT

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	SHC5570C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG KIM THONG
NRIC No	SXXXX632G

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

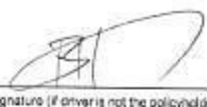
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8. Consent under the Personal Data Protection Act (PDPA)

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), who 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

 16/08/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

- Refer to attached statement. -

Describe Circumstance of the Accident

- Refer to attached statement. -

Was there any video captured by Car Camera? Yes ☒ No


Has the driver been approached by unknown person(s)? Yes ☒ No

Number of Passengers (Including Driver)?

Name	Gender:
Name	Gender:
Name	Gender:

Declaration

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

 
Policyholder's Signature / Date


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

 16/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Accident Date: 15/03/2023

Accident Time: 06:45 Hr

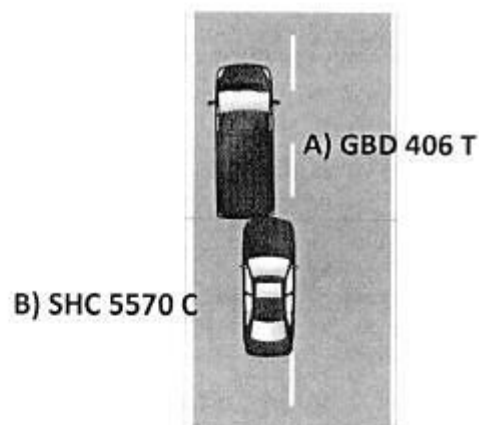
Location: CTE towards PIE Changi and Upp Serangoon Road

Vehicle No. A) GBD 406 T

B) SHC 5570 C

On 15/03/2023, at 6.10am, I was driving my vehicle (A) GBD 406 T at CTE towards PIE Changi and Upp Serangoon Road. I noticed the tyre punctured and I stopped my vehicle (A) GBD 406 T at the road side to wait for assistance from workshop for around 20 mins. I placed an indicator behind the vehicle to indicate my vehicle was break down at the road side and I was waiting by the road side.

At 6.45am, I saw a taxi (B) SHC 5570 C did not slow down his vehicle and direct hit on my rear side of vehicle (A) GBD 406 T. I was shocked and quickly checked the driver condition. Taxi driver said no need to request ambulance assistance. After we exchanged particular, I arranged towing for my vehicle.




Liu Jianping


16/03/2023



































