

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	20/03/2023 15:23 (SGT)
Reported by	Driver
Date of Accident	19/03/2023 13:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	1 SPOONER ROAD (S168789) CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5143H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAE TRANSPORT SERVICES LLP
Company Reg No	TXXXXX005D
Email Address	raetransportsvcs@gmail.com
Mobile Phone No	(Phone) +65-86060845
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
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	Bus
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00016792206

DRIVER

Name of Driver	TIONG MEE WEY
Passport No/FIN	FXXXX641W
Date Of Birth	30/10/1979
Occupation	Outdoor

Date Of Driving Pass	12/05/2015
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87633147
Alt. Phone Number	-
Email Address	raetransportsvcs@gmail.com
Address	107 BEDOK NORTH ROAD
Address complement	# 11-2258
Postcode	460107
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	Collided into Parked Vehicle
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
Reasons for not uploading a video of the accident	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1755T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HUI

Contact Number	(Phone) +65-90017616
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

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4. The issuance and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 this submission 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 and 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 any 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 and 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); 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

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

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

Sketch Plan

1 Spooner Road (S168789) Carpark



A - PC S143H

B - YP 1755T

Describe the circumstances of the Accident

on the above stated date and time, I was at I Spooner Road
 Carpark. Vehicle B was parked at the Carpark lot No. 28.
 while Reversing my vehicle I hit onto vehicle B Front Right
 portion of the vehicle.

Declaration

We declare that the above particulars are true in every respect.



20/3/2023

20/03/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
 (Name as in RAC Card)

















