

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 | 22/03/2023 14:12 (SGT) |
| Reported by | Driver |
| Date of Accident | 21/03/2023 19:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | NEAR BOON KENG MRT OPPOSITE BLK 21 LOT NO.151 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1188R

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ENG CHIN HANG TILING CONSTRUCTION |
| Company Reg No | 2XXXXX431C |
| Email Address | cat.lee@engchinhang.com.sg |
| Mobile Phone No | (Phone) +65-90600189 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mitsubishi |
| Model | Fe83beosrdea |
| 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 | 2977 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMCVSNW00037822203 |

DRIVER

| | |
|-----------------------|------------------------------|
| Name of Driver | ARULANDU SEBASTIAN SINIANRAJ |
| Passport No/FIN | FXXX689R |
| Date Of Birth | 12/08/1978 |
| Occupation | Outdoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 20/08/2009 |
| Driving experience | 13 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92313610 |
| Alt. Phone Number | - |
| Email Address | cat.lee@engchinhang.com.sg |
| Address | NO.10 KRANJI LANE |
| Address complement | # 02-04 |
| Postcode | 728660 |
| 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 | 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) | 13 |
| 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 | UNKNOWN |
| Gender | Male |

PASSENGER 2

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 3

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 4

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 5

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 6

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 7

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 8

Name UNKNOWN
 Gender Male

PASSENGER 9

Name UNKNOWN
 Gender Male

PASSENGER 10

Name UNKNOWN
 Gender Male

PASSENGER 11

Name UNKNOWN
 Gender Male

PASSENGER 12

Name UNKNOWN
 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

PLEASE REFER TO THE ATTACHED STATEMENT

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 SMQ2758R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number (Phone) +65-90275785
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

REPORT NOTICE

SKETCH PLAN

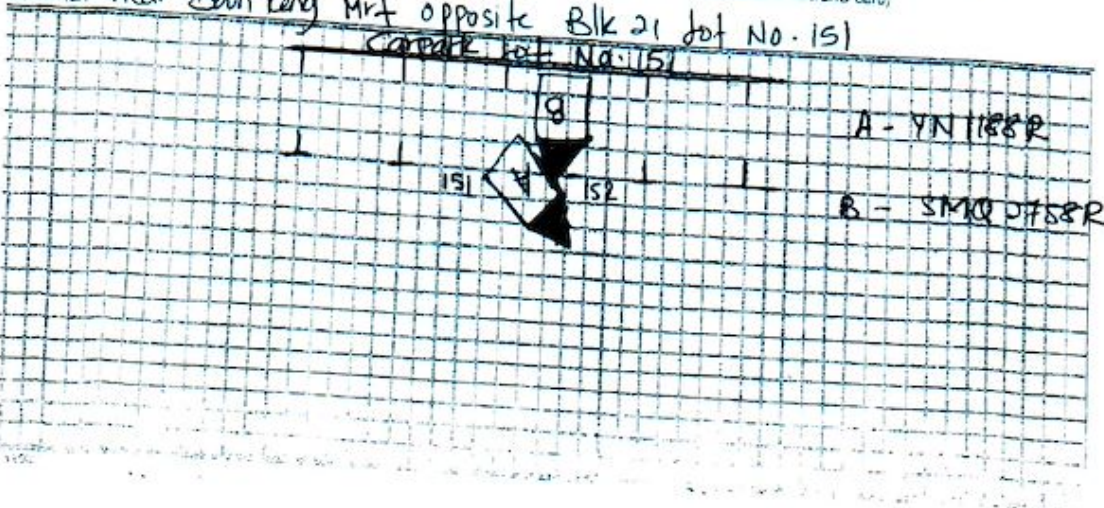
1. Please fill in correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The filling and acceptance of this Form by insurance companies is not an admission 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 Form 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 the filling 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 to the Personal Data Protection Act (PDPA) under s. 2(1) - I acknowledge, agree and consent that:
 - a. My Insurer(s) and the General Insurance Association of Singapore ("GIA") may be 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 assessed by the Insurer(s) collectively the "Personal Information" and disclose and transfer such Personal Information to all insurer(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 and/or authority (such as the police), for the purposes of processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - b. Investigating the accident and/or my claims;
 - c. Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - d. Administering my claims including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of other personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); as for
 - e. Complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively "the Purposes";
 - f. 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
 - g. My Personal Information may also be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the Insurers' 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



Describe Circumstances of the Accident:

on the above stated date and time I was at a Carpark lot
Resides near Ban Leng Mrt opposite Bk 21. My vehicle
was at lot No. 151 and vehicle B was at lot No. 152. Vehicle
B was parked and stationary. While heading out from the parking
lot, I turn out left to exit the parking and my vehicle hit
vehicle B's front right portion of the vehicle.

Declaration

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

Employer's Signature

 Date & Time

Actual Driver's Signature

 Date & Time

Witnessed by Reporting Centre Forensic

 Date & Time













