

# 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 .....	23/03/2023 14:56 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/03/2023 14:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	DAIRY FARM ROAD BUKIT TIMAH
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN2808D

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GLB TECH PTE LTD
Company Reg No .....	2XXXXX326Z
Email Address .....	rosalene@globotron.com.sg
Mobile Phone No .....	(Phone) +65-66344901
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	Fvr34suqdc
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 .....	7790

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00121992200

### DRIVER

Name of Driver .....	PING CHAY CHUANG
NRIC No .....	SXXXX138B
Date Of Birth .....	19/05/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	19/05/1980
Driving experience .....	42 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90689091
Alt. Phone Number .....	-
Email Address .....	rosalene@globotron.com.sg
Address .....	APT BLK 204D COMPASSVALE DRIVE
Address complement .....	# 15-401
Postcode .....	544204
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 .....	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) .....	3
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

#### 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 .....	GBJ188R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

**IMPORTANT NOTICE**

**SKETCH PLAN**

1. Please ~~fill in~~ **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. Informa~~tion~~ **provided must be as truthful and accurate as possible.** Any willful misrepresentation or withholding of material facts may allow insur~~ance~~ **companies to dispute policy liability.**
4. The ~~use~~ **and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.**
5. **Any ~~report~~ 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 the ~~submission~~ **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.**

3. **Consent** ~~under~~ **the Personal Data Protection Act (PDPA)**  
 understand~~ing~~ **(I) know, agree and consent that:**

a) My Insur~~er~~ **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 assessed by 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:**  
 ) processing ~~the~~ **handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;**

) investigating ~~the~~ **the accident and/or my claims;**  
 ) carrying ~~out~~ **and/or dealing with my instructions or responding to any enquiries by me;**  
 ) administrat~~ing~~ **ing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of ~~my~~ strain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); as ~~well~~ as:**  
 ) complying ~~with~~ **with applicable law in administering, processing, handling and/or dealing with my claims.**  
 collectively ~~for~~ **the "Purposes")**

I all insurer~~s~~ **(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, disclose and/or process my Personal Information for one or more of the above Purposes; and**  
 my Personal Information may/are disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the ~~lawyers/law firms~~ **lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.**

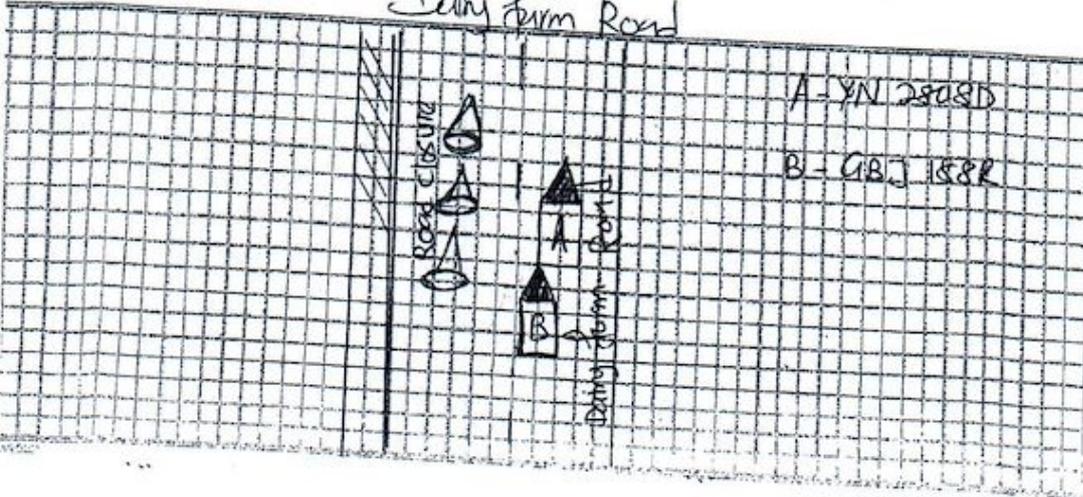


*[Signature]*  
 Policyholder's Signature / Date & Time

*[Signature]* 230323  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 23/03/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

Sketch Plan



Description of the Accident

I was driving along Dairy Farm Road, together with my 2 co-workers on board. it was a two lane way and I was on the first lane. the second lane halfway through had cones averaged as due to road closure. while driving straight on my lane suddenly vehicle B hit the rear left portion of my vehicle. the road was public km due to the road closure.

Declaration

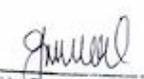
We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time



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

23/03/23

  
Witnessed by Reporting Centre Personnel (Name of R.C. / Date)

23/03/2023















