

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	31/03/2023 16:39 (SGT)
Reported by	Actual Driver
Date of Accident	30/03/2023 17:04 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	JUNCTION WITH PIONEER WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1921J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	APEX ASIATIC ENGINEERING PTE. LTD.
Company Reg No	2XXXXX310W
Email Address	qihong1992@gmail.com
Mobile Phone No	(Phone) +65-94658606
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00013032301

DRIVER

Name of Driver	AHAMED TANVIR
Passport No/FIN	GXXXX913P
Date Of Birth	05/10/1996
Occupation	Outdoor

Date Of Driving Pass	04/12/2022
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94658606
Alt. Phone Number	-
Email Address	mdtanbirahamed99@gmail.com
Address	808 FRENCH ROAD #07-163
Address complement	KITCHENER COMPLEX
Postcode	200808
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SAM CHEE WAI
Gender	Male

PASSENGER 2

Name	WEE WAN SEK
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 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	XE4360Z
Vehicle Manufacturer	Volvo
Vehicle Model	Fm420
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GAO
Passport No/FIN	GXXXX965M
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	GBJ2483A
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH BUK HOOI
NRIC No	SXXXX949H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHAMED TANVIR
Gender	Male
Phone No	(Phone) +65-94658606
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1921J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SAM CHEE WAI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1921J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3



Name of injured person	WEE WAN SEK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ1921J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

- a. I understand, acknowledge, agree and consent that:
 - i. My insurer, my insurer's agent and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal information contained in this Form and any other personal information provided by me or provided by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all insurers who have or may have been involved in this accident (all insurers who have or may have been involved in this accident are collectively referred to as the "Insurers"), the Insurers' lawyers/claimants, the Monetary Authority of Singapore and any relevant government agencies/entities such as the police, for the purpose of:
 - i. processing and/or processing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - ii. conducting the accident investigation and/or claims;
 - iii. carrying out and/or dealing with my instructions or requirements relating to my claims;
 - iv. archiving my claims including the archiving of correspondence, statements, reports, reports or notices to me, which could include disclosure of certain personal data about me to third parties (including the Insurers) as well as to the relevant government agencies/entities, agents;
 - v. complying with applicable law or administrative requirements, including providing data to the Insurers;
 - ii. that insurers may have the right to access, use and/or process my Personal Information for use or none of the above purposes, and any Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party insurers' providers (including the Insurers' lawyers/claimants), which may be located outside of Singapore, for the settlement of the claims and/or for other purposes.

Signature of Policyholder: *[Signature]* Date: 31/03/2023

Signature of Actual Driver: *[Signature]* Date: 31/03/2023

Sketch Plan: *Intersection Along Pioneer Road / Pioneer Walk*

A - SBT 1921J
B - FBJ 2483A
C - XE 4360Z

Describe Circumstances of the Accident

On the stated time and date, I was travelling along Pioneer Road. There was a traffic jam ahead therefore I slow down and brake at a safety manner and came to a stop. Suddenly I felt a huge impact from the rear of my vehicle. The impact was so great that my vehicle flew in front and hit onto the vehicle in front. When I got down and realise vehicle C has hit onto my vehicle I was involve in a chain collision.

Vehicle A - GBJ 19213
 Vehicle B - GBJ 2483 A
 Vehicle C - XE 4360 Z

Declaration

I/we declare that all the information provided is true and correct.

[Signature]



[Signature]

Police Officer's Signature / Date

Driver's Signature (If involved in the accident) / Date

Accepted by Reporting Officer / Date

31/03/2023

















