

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	30/03/2023 10:38 (SGT)
Reported by	Actual Driver
Date of Accident	29/03/2023 13:56 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS TUAS BEFORE BUONA VISTA FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1033S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICH CONSTRUCTION COMPANY PTE. LTD.
Company Reg No	200007715C
Email Address	angie@chinaconstruction.com.sg
Mobile Phone No	(Phone) +65-91131981
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	L200
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2442

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00145432201

DRIVER

Name of Driver	GOH AH KIANG
NRIC No	S1410672C
Date Of Birth	17/06/1960
Occupation	Outdoor

Date Of Driving Pass	04/05/1983
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91131981
Alt. Phone Number	-
Email Address	angie@chinaconstruction.com.sg
Address	APT BLK 571 HOUGANG STREET 51
Address complement	# 14-113
Postcode	530571
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	AFTER RAIN
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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2327A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WOO CHEE WAH
NRIC No	S1484276D
Contact Number	(Phone) +65-96414186
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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3. 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.
- (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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



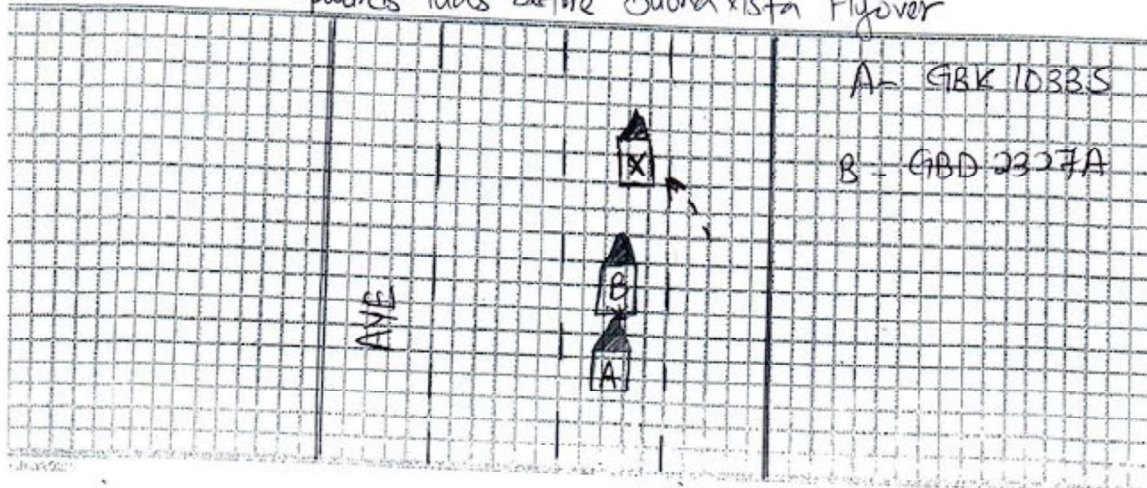
Policyholder's Signature / Date & Time

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

AYE towards Tuas before Buona Vista Flyover



Describe Circumstance of the Accident

On the above stated date and time I was travelling along AVE towards Tuaras and I was on the second lane. Vehicle B was in front of me. There was a car cut into our lane from the first lane and he filter into our lane and he was entering in front of vehicle B. Suddenly vehicle B jam Brake. I follow suit but unable to stop on time and I hit vehicle B's rear portion of the vehicle.

Declaration

I/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

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

vJun2022



















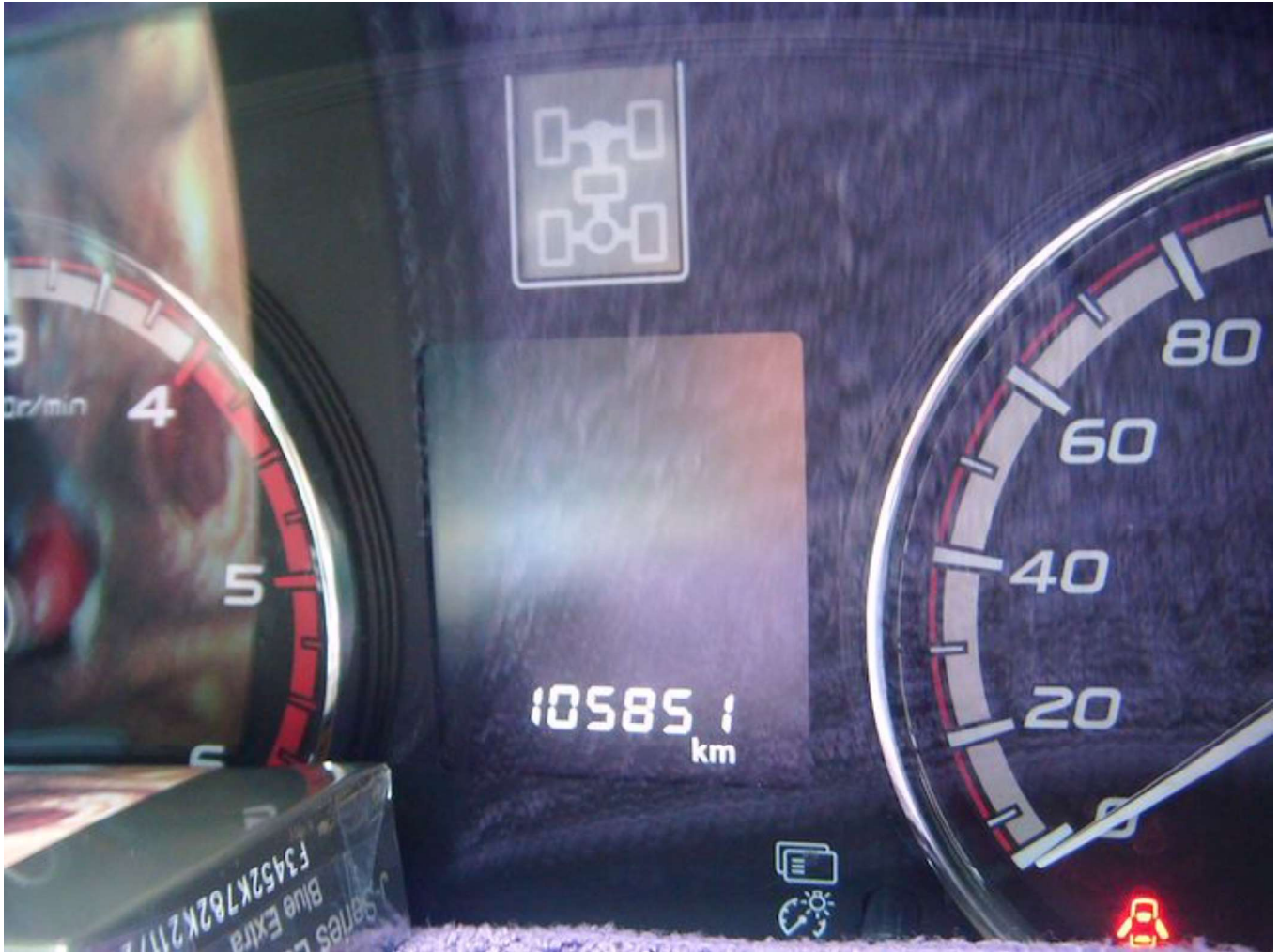
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09233U0004 Vehicle Registration No: G8K 1033S
 Name (as shown in NRIC): Goh Ah Kiang NRIC/FIN/Passport No: S1410672C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt Blk 571 Hougang Street 51 # 14-113 Singapore (530571)
 Contact (Tel): _____ Mobile No.: 9113 1981
 Email Address: angie@chinaconstruction.com.sg
 Date of Accident: 29/03/2023 Time of Accident: 13:56
 Place of Accident: AYE Towards Tuas Before Buona Vista Flyover
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend to own damage claim - Yes

Policyholder / Actual Driver's Signature
Date:

General 6/4/23
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: