# **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 witholding 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 06/04/2023 15:30 (SGT) Reported by **Actual Driver** Date of Accident 05/04/2023 17:35 (SGT) Exact Location of Accident Commonwealth Ave W, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number CB8527Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LEGEND BUS PTE LTD Company Reg No 2XXXXX403E Email Address carrie@transland.com.sg Mobile Phone No (Phone) +65-91383665 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Policy Number / Cover Note Number DMB1SNW00000502301

**Employment** 

2982

No - Claiming third party Commercial vehicle Auto

China Taiping Insurance (Singapore) Pte. Ltd.

DRIVER

Name of Driver XIAO JIAN NRIC No SXXXX692A Date Of Birth 09/11/1968 Occupation Outdoor

Date Of Driving Pass 10/04/2008 Driving experience 15 YEARS Gender Male Mobile Number (Phone) +65-91383665 Alt. Phone Number Email Address carrie@transland.com.sg Address BLK 87 COMMONWEALTH CLOSE #04-25 Address complement Postcode 140087 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name CHEN LI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο 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 SLA8389D

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG MINHUI PAMELA
Contact Number	(Phone) +65-91708867
Address	<del>-</del>
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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- 4. The assertand acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested paries
- 7. By the brigament of this report to the insurers, you because our sent to the archiving of this report at the centre and to occase of the report being made available aforesaid.

#### 6. Consent under the Personni Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that,

(a) My insurer, my workshop and the General Insurance Association of Bingapore (\*CIA\*) may am permitted to cullect, 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 at 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 rouch as the police), for the purpose(s) of

(if processing, handling and/or desiring with my claims including the settlement of the claims and any necessary investigations relating to the claims,

(ii) investigating the accident analor my claims;

iiii) carrying out and/or dealing with my instructions or responding to any incquiries by ma-

(iv) administering my chains (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain pessonal data about me to bring about delivery of the same as well as on the external cover of enveloperance mankages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my chans.

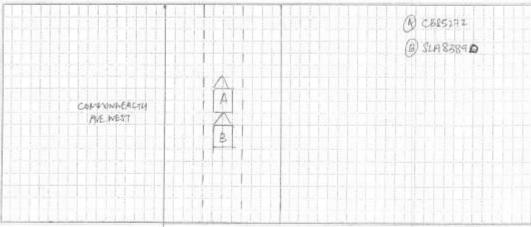
(collectively the "Purposes"):

(b) all esturer(s) who have insured visibility(s) involved in this accident and the finitered knyversition between 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 ami/or GIA to their third-party service providing or agents (including their lawyers/(aw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

06/04/

### Sketch Plan



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