

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	21/04/2023 12:21 (SGT)
Reported by	Actual Driver
Date of Accident	20/04/2023 16:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9094P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANG SOCK SENG TRANSPORT SERVICE
Company Reg No	5XXXX662K
Email Address	MR.ANGSS@GMAIL.COM
Mobile Phone No	(Phone) +65-96630170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00007992201

DRIVER

Name of Driver	KEE ONG NGA
NRIC No	SXXXX746I
Date Of Birth	15/10/1948
Occupation	Outdoor

Date Of Driving Pass	22/12/1976
Driving experience	46 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96357057
Alt. Phone Number	-
Email Address	MR.ANGSS@GMAIL.COM
Address	20 TEBAN GARDENS ROAD
Address complement	#19-101
Postcode	600020
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	Side Swipe
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)	1
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	-

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 CIRCUMSTANCES OF ACCIDENT

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	GBD7812H
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) -

SKETCH PLAN

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8. 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.
 (collectively the "Purposes")
- (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/are be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ANG SOCK KENG TRANSPORT SERVICE

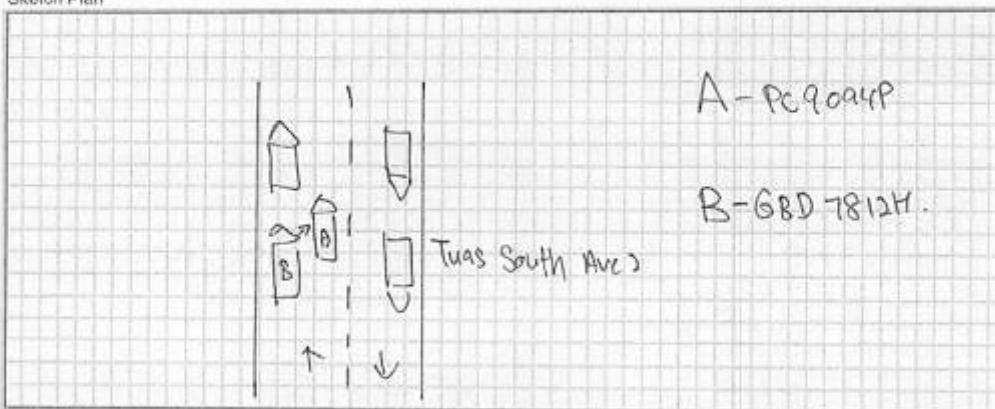
Blk 163, Bukit Duta West HLP 9663-0170
Ave 8, #03-119 PG 9700 6205
Singapore 650143 TEL: 699 8165
FAX: 699 8165

Policyholder's Signature / Date & Time

Actual Driver's Signature (if different from the policyholder) / Date & Time

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

Sketch Plan



vAm2022

Describe Circumstance of the Accident

On 20/4/2023 around 1652hrs, I was driving my Bus PC9094P along Tuas South Ave 2. I was travelling straight, suddenly I felt an impact from the left side, veh B GBD 7812H move out from stationary position without checking and collided onto my Bus.

Declaration

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

洪潮升 车业服务
ANG SOCK SENG TRANSPORT SERVICE

Blk 183, Block Datox West

H.P. 9654 6771

Alo 8, 503, 148

Plat: 9701 6205

Singapore 110183

FAX: 565 8155

Policyholder's Signature / Date & Time: *Kae ang Wai*

Driver's Signature (if driver is not the policyholder):

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



















