

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	26/04/2023 11:25 (SGT)
Reported by	Actual Driver
Date of Accident	24/04/2023 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	86 RIFLE RANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3891T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN CONTRACT SERVICES PTE LTD
Company Reg No	1XXXXX369N
Email Address	BANCONTRACT@GMAIL.COM
Mobile Phone No	(Phone) +65-64668493
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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?	No - Claiming third party
Vehicle Category	Goods vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00079632202

DRIVER

Name of Driver	NG CHEE GUAN
NRIC No	SXXXX513E
Date Of Birth	15/04/1963
Occupation	Indoor

Date Of Driving Pass	23/03/1981
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96865084
Alt. Phone Number	-
Email Address	BANCONTRACT@GMAIL.COM
Address	348 CLEMENTI AVENUE 5 #12-52
Address complement	-
Postcode	120348
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Collided into Parked Vehicle
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)	0
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

REFER SKETCH PLAN

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	SLW8930A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ISABELLE GLOEDE
Contact Number	(Phone) +65-96441727

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/can 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.



Policyholder's Signature / Date & Time

[Handwritten Signature]

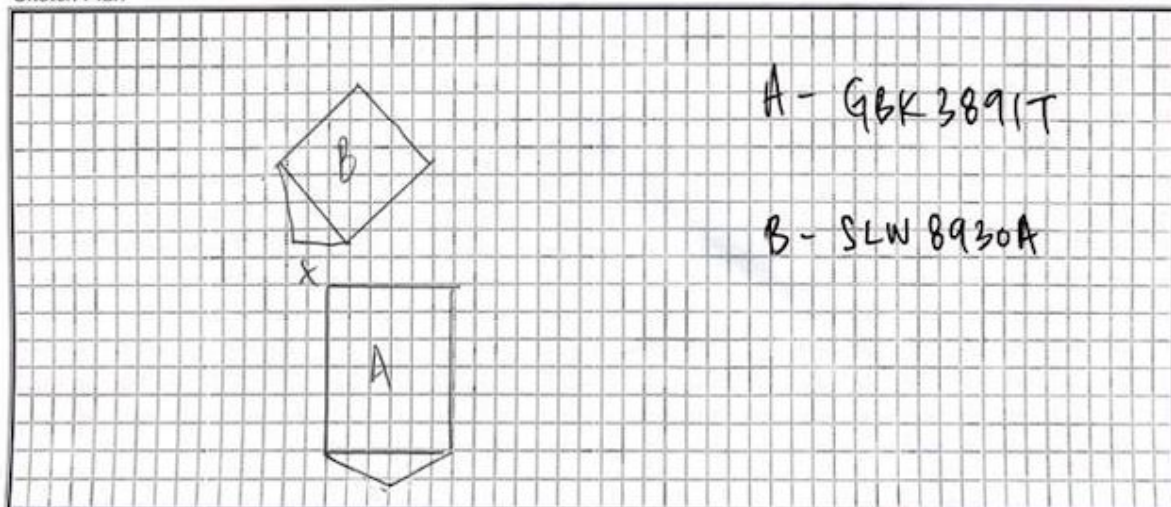
Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature]

MOHAMED RAZALI BIN HASSAN

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

Sketch Plan



Describe Circumstance of the Accident

DOA: 24/4/23

TIME: 1120 HRS

LOCATION: 86 RIFLE RANGE ROAD

Car B knocked on my car rear end when my car is stationary parking.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

MOHAMED RAZALI BIN HASSAN

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



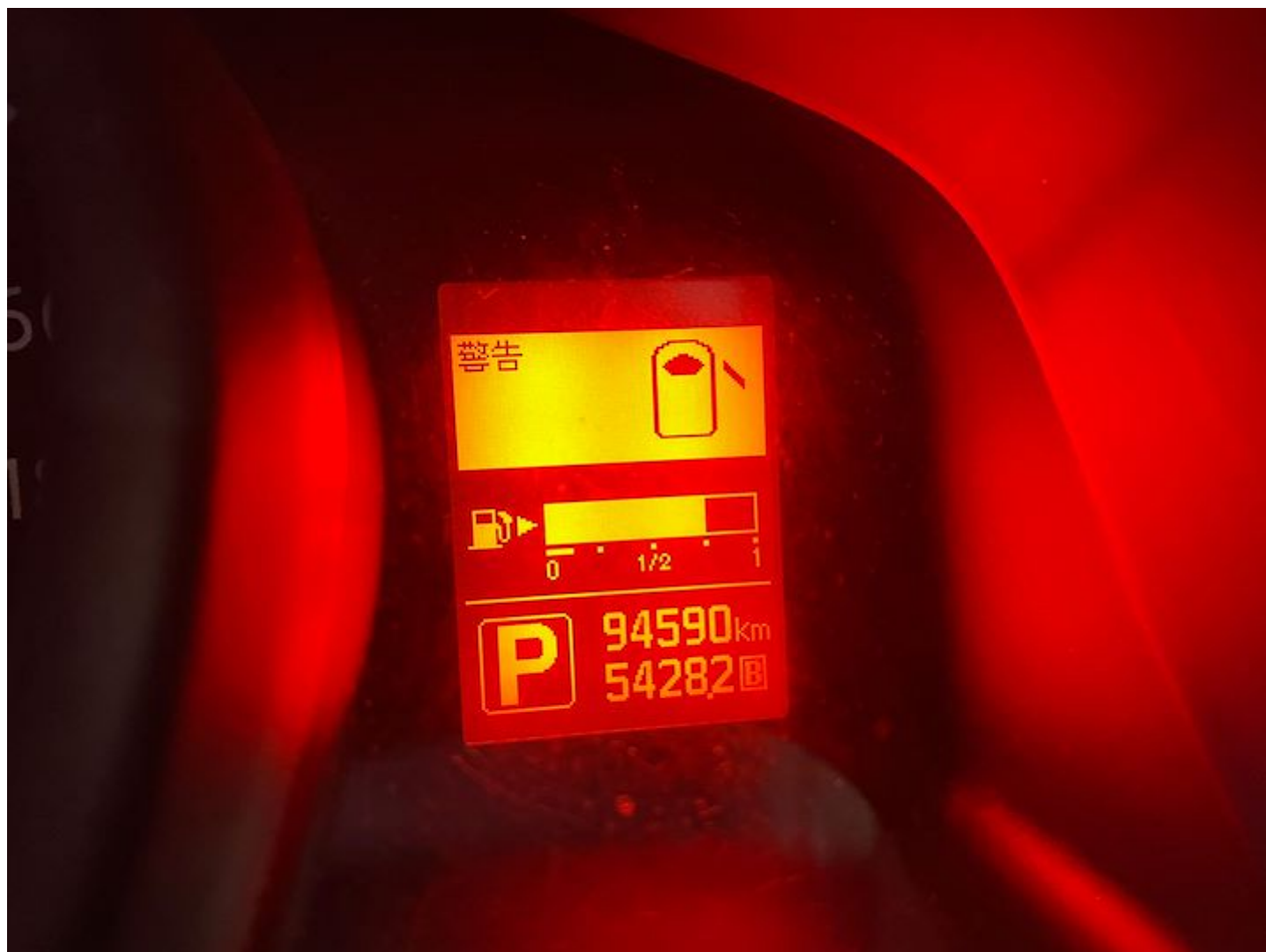










































BAN CONTRACT SERVICES PTE LTD

86 Rifle Range Road , Mayfair Park , Singapore 588389
Telephone : 6466 8493 / Email : bancontract@gmail.com

GST Reg. No : 19-9507369-N
Company Reg. No:199507369-N

Date : 26 April 2023

Automotive Repair Centre Pte Ltd
48 Toh Guan Road East , Enterprise Hub
#02 - 146
Singapore 608586

Attention : Mr Razali Hassan
Email : razali@automotiverepaircentre.com.sg

Dear Sir

Re : Letter Of Authorisation

Our management have appointed Mr Ng Chee Guan, NRIC NO : S1598513 E on behalf of the company to make an accident report for our company van GBK 3891 T .

Accident happened at our office parking area, 86 Rifle Range Road , Mayfair Park, Singapore 588389.

Our van was parked as usually in front of our office, a car SLW8930 A (KIA model) reversed out and drove in again which hit directly into our van back light (driver's side).

Should you need further information, please do not hesitate to contact Mr Ng Chee Guan @

Hp : 97373074

Thank you very much

Yours Sincerely

Berlin Wong
HR Manager
Hp : 96865084