

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 10/05/2023 15:01 (SGT)
Reported by Actual Driver
Date of Accident 09/05/2023 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF WOODLANDS AVENUE 1 TOWARDS
WOODLANDS AVENUE 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH9014K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHENJI PTE LTD
Company Reg No 2XXXXX883W
Email Address serene@shenjirental.com
Mobile Phone No (Phone) +65-62682238
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 DMCVSNA00085502201

DRIVER

Name of Driver NASZRI KHAN BIN NASIR KHAN
NRIC No SXXXXX737J
Date Of Birth 31/08/1989

Occupation	Outdoor
Date Of Driving Pass	11/03/2013
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89512889
Alt. Phone Number	-
Email Address	serene@shenjirental.com
Address	476A YISHUN STREET 44
Address complement	# 13-24
Postcode	761476
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL LEASING
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	2
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)	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 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	YN7771S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WU BIN

Passport No/FIN	GXXXX832P
Contact Number	(Phone) +65-91555733
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	NASZRI KHAN BIN NASIR KHAN
Gender	Male
Phone No	(Phone) +65-89512889
Address	476A YISHUN STREET 44
Address Complement	# 13-24
Post Code	761476
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	GBH9014K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This ~~Form~~ will be forwarded by the insurers to 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 ~~issuance~~ issuance 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.

B. 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 the 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

Junction of woodlands Avenue 1 towards woodlands Avenue 12

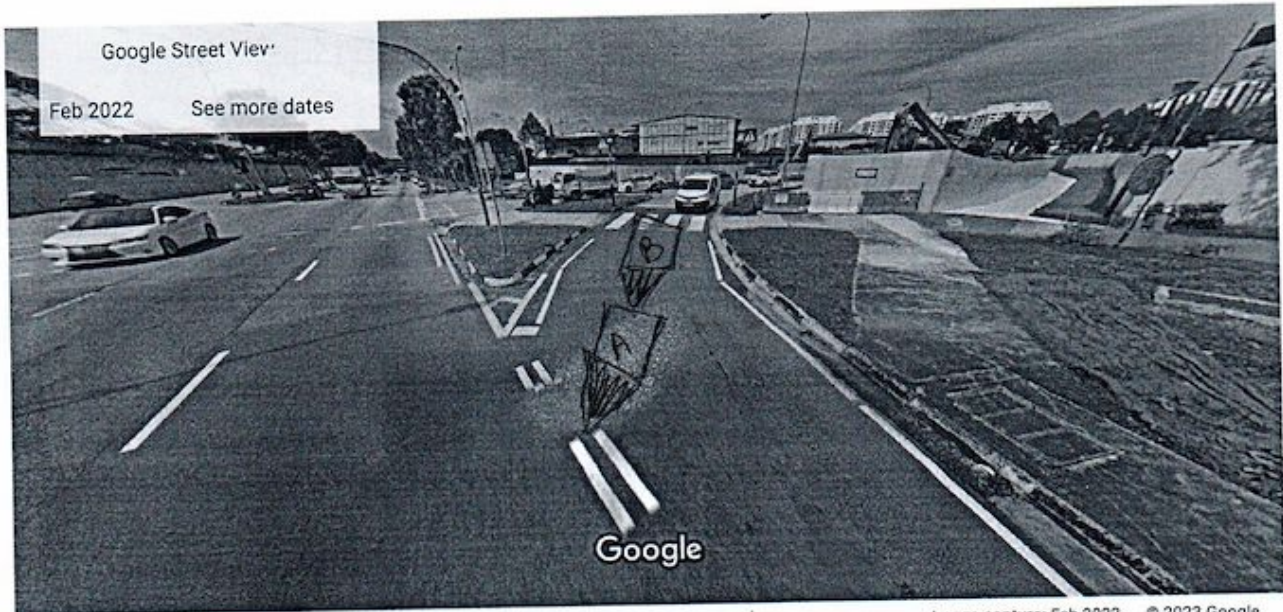
A - GBH4014K
B - YN7715

please refer to the attached

5/10/23, 11:40 AM

Singapore - Google Maps

Google Maps Singapore



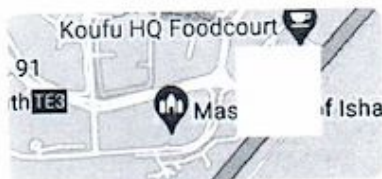
Google Street View

Feb 2022

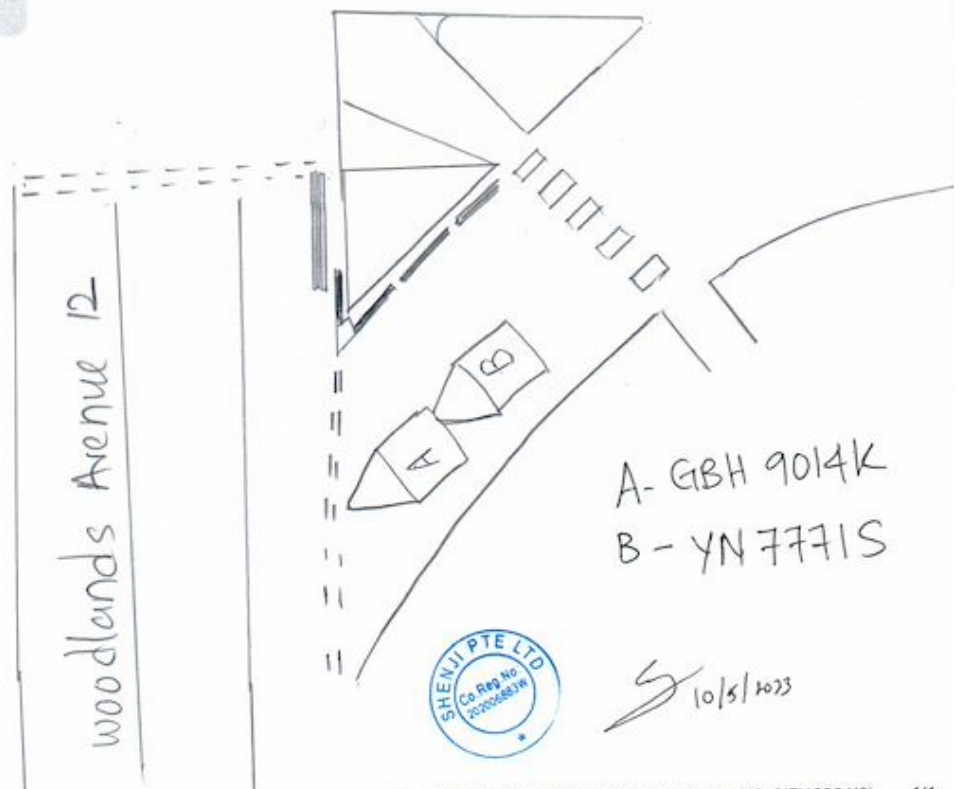
See more dates

Google

Image capture: Feb 2022 © 2023 Google



Junction of woodlands Avenue 1
towards woodlands Avenue 12.



A- GBH 9014K
B- YN 7771S



10/5/2023

<https://www.google.com/maps/@1.4271308,103.7988972,3a,90y,256.21h,63.65t/data=!3m6!1e1!3m4!1sODduv8TxrRul8PWWZAPxuA!2e0!7i16384!8i...> 1/1

Describe Circumstance of the Accident

On the above stated date and time, I was driving along junction of woodlands Avenue 1 towards woodlands Avenue 12. I was at complete stop before the stop line to give way to the oncoming vehicles on my right hand side, and suddenly vehicle B hit the rear portion of my 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)







































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: SN09235A0004 Vehicle Registration No: GBH 9014K
 Name (as shown in NRIC): Nasri Khan Bin Nasir Khan NRIC/FIN/Passport No: S8929737J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 476A Yishun Street 44 # 13-24 Singapore 761470
 Contact (Tel): _____ Mobile No.: 8951 2889
 Email Address: serene@shenji-rental.com
 Date of Accident: 09/05/2023 Time of Accident: 16:30
 Place of Accident: Junction of woodlands Avenue 1 towards woodlands Avenue 12
 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 vehicle Registration Number - GBH 9014K
Injured person in which vehicle? - own vehicle (GBH 9014K)



Policyholder / Driver's Signature
Date:

10/05/2023
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: