

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 17:50 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 10:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH888P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T&G GROUP SUPPLIES PTE LTD
Company Reg No	201014628G
Email Address	TGGROUPTRADING@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-67598486
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	DMCVSNW00135842202

DRIVER

Name of Driver	MUHAMMAD ALIFF BIN AZMY
Passport No/FIN	G3565160N
Date Of Birth	12/06/2000
Occupation	Outdoor

Vehicle Registration Number	GBL4682T
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD4293P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD LIFF BIN AZMY
Gender	Male
Phone No	(Phone) +65-81288308
Address	8B ADMIRALTY STREET
Address Complement	#01-01
Post Code	759969
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH888P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEOW YONG YE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH888P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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



Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A : G1BH888P</p> <p>B : G8L4682T</p> <p>C : Xp4293P</p>
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230510/2089

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Report No. T/20230510/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD ALIFF BIN AZMY	ID No.	G3565160N
Related Vehicle	GBH888P (Lorry)	Contact No.	81288305
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/05/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	Unknown	ID No.	S7731033I
Related Vehicle	GBL4682T (Van)	Contact No.	91467333
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	POH KIAN POH (FU JIANBAO)	ID No.	S7221984H
Related Vehicle	XD4293P (Lorry)	Contact No.	82889448
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/05/2023 at about 1000hrs, I was travelling along BKE towards Tuas on the extreme left. As there was heavy traffic along BKE, I came to a stop while waiting for traffic to continue moving. While waiting for the traffic to move, I suddenly felt an impact on the rear of my vehicle. I alighted and found out that I was involved in a chain collision. Subsequently, we exchanged particulars. After the accident, I felt pain on my lower back and neck, as such I went to see a doctor and was given 3 days medical certificate. There was traffic police at scene, however there was no one conveyed by ambulance. No government property damaged.