

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 17/05/2023 11:57 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 16/05/2023 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information NEW UPPER CHANGI ROAD TOWARDS CHANGI ROAD AFTER
APSN KATONG SCHOOL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX6726U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BENSON OH BOON TECK
NRIC No SXXXXX061A
Email Address BENSONOHBT@GMAIL.COM
Mobile Phone No (Phone) +65-97507686
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of
accident Private hire
Are you claiming under your own insurance policy for repair to
your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNA00000542301

DRIVER

Name of Driver BENSON OH BOON TECK
NRIC No SXXXXX061A
Date Of Birth 04/10/1982

Occupation	Outdoor
Date Of Driving Pass	26/08/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97507686
Alt. Phone Number	-
Email Address	BENSONOHBT@GMAIL.COM
Address	653A JURONG WEST STREET 61
Address complement	# 09-436
Postcode	641653
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL1923T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MOHAMAD FAIZAL BIN MOHAMAD YUSOFF
Contact Number	(Phone) +65-88082587
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	BENSON OH BOON TECK
Gender	Male
Phone No	(Phone) +65-97507686
Address	653A JURONG WEST STREET 61
Address Complement	# 09-436
Post Code	641653
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK AND HEADACHE
Injured person in which vehicle?	SMX6726U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 :

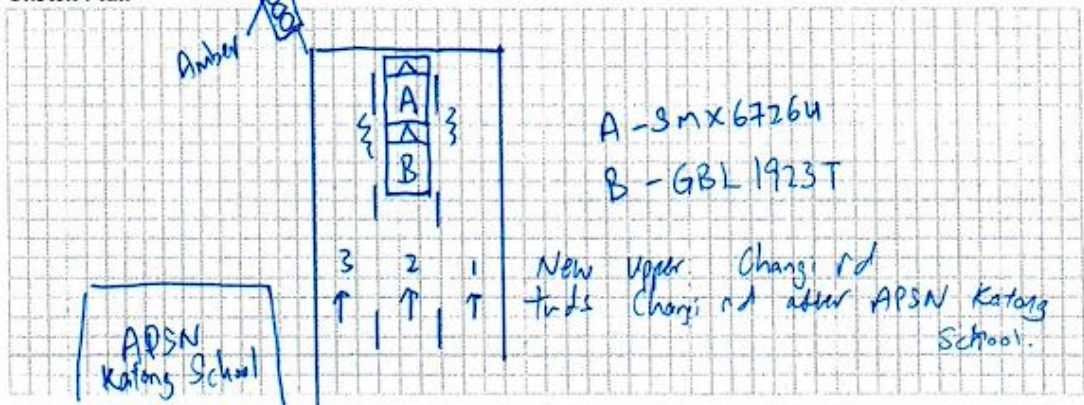
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

* HullMende
* HullMende
[Signature] 17/05/2023
 Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident
 As per above date and time, I was driving
 3MX6726u along New Upper Changi rd
 finds Changi rd on the center lane.
 Somewhere after APSN Katong School, traffic light
 ahead turned Amber. As such, I applied
 brake and stopped accordingly. Out of sudden,
 I felt a huge impact from the rear.
 I alighted and discovered Vch (B) GBL1923T
 front portion collided onto my vehicle rear
 portion.

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

** Hui Mande*
 Policyholder's Signature / Date & Time

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

James 17/05/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)





























