

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 10:28 (SGT)
Reported by	Actual Driver
Date of Accident	16/05/2023 17:40 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	SLIP RD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1021B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE POST LIMITED
Company Reg No	1XXXXX623M
Email Address	g-sgbuvehicle@singpost.com
Mobile Phone No	(Phone) +65-84997948
Alternative Phone No	(Office) +65-68412000

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5003454

DRIVER

Name of Driver	LIM YAM HIN
NRIC No	SXXXX752B
Date Of Birth	12/07/1954
Occupation	Outdoor

Date Of Driving Pass	30/03/1991
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84997948
Alt. Phone Number	-
Email Address	g-sgbuvehicle@singpost.com
Address	BLK 424C YISHUN AVENUE 11 #11-294
Address complement	-
Postcode	763424
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	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?	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

ON 16052023 AT ABOUT 1740HRS , I WAS DRIVING VEHICLE A(GBK1021B) AT/ALONG THE SAID LOCATION .

THERE WAS HEAVY TRAFFIC . AS I IN SLOW MOVING IN WITHIN MY LANE .

THERE WAS A VEHICLE B(SLN4150H) UNABLE STOP IN TIME .AND EVENTUALLY VEHICLE B FRONT RIGHT PORTION COLLIDED ONTO VEHICLE A REAR LEFT PORTION AT AFTER MERGING LANE .

NOBODY WAS INJURED.

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	SLN4150H
Vehicle Manufacturer	Honda

Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	SHAIFOODIN BIN SUIB
NRIC No	SXXXX710D
Contact Number	-
Address	784 CHOA CHU KANG DRIVE #03-201
Address complement	-
Postcode	680784
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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.

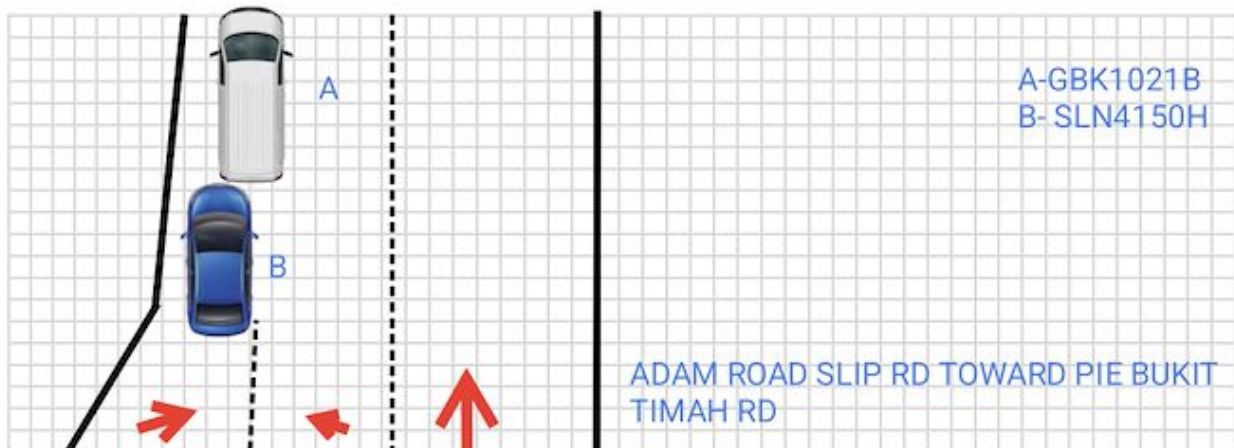
Policyholder's Signature / Date & Time

Sketch Plan

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

16052023-2200HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

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ALONG THE SAID LOCATION.

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REAR LEFT PORTION AT AFTER MERGING LANE .

NOBODY WAS INJURED.

Declaration

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

Policyholder's Signature / Date &
Time

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

16052023-2200HRS

Witnessed by Reporting Centre
Personnel

















