

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 Authorised 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 ability
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 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 Report	29/03/2016 16:12
Date Of Accident	29/03/2016 08:40
Exact Location Of Accident	ALONG JLN BUROH TOWARDS JURONG PORT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XB8915M
Insured/Policyholder	
Name Of Registered Owner	HOCK TRADING & TRANSPORTATION PTE. LTD.
Co Reg No	201317545E
Email Address	hocktrading@gmail.com
Mobile Phone No	
Alternative Phone No	Office-63974285
Vehicle Particulars	
Manufacturer	ISUZU
Model	CXZ50K
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle
Insurance Company	
Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	DMCVSN1404341602
Cover Note Number	
Driver	
Name of Driver	KOH YOU BENG
NRIC No	S1333818C
Date Of Birth	08/09/1958
Occupation	Outdoor
Date Of Driving Pass	28/09/1981
Driving Experience	34 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-86119293
Fax Number	
Contact Number	Office-63974285
Email Address	NOEMAIL

Address	BLK 403 PANDAN GDNS #08-22
Postcode	600403
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

AS PER ATTACHED (SKETCH PLAN).

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8419T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SUBRAMANIAN JAYA KUMAR
NRIC/Passport Number	G8248050T
Contact Number	81852285
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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

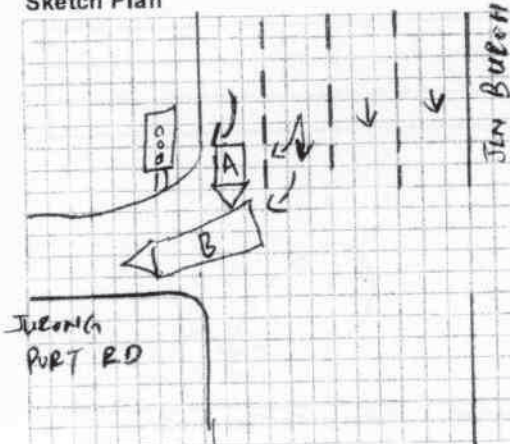
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan**CLAIM THIRD PARTY**

A = XB 8915M

B = XD 8419T

(TRC 6037B)

Describe Circumstances of the Accident

ON 29/3/16 AT 08:40HRS, I WAS DRIVING MY LORRY, XB 8915M, ALONG JLN BURCH TOWARDS JURONG PORT RD WHEN THE TRAFFIC LIGHT TURNED GREEN AT THE T-JUNCTION, I WAS ABOUT TO TURN RIGHT TOWARDS JURONG PORT ROAD. VEHICLE B, XD 8419T, WHICH WAS BESIDES MY LANE WAITED TO TURN RIGHT TOO. HOWEVER HIS TAILER (TRC 6037B) CUT INTO MY LANE AS HE TURNS. THEREFORE HIS RIGHT REAR SIDE PORTION OF HIS TAILER SIDE SWIPE INTO MY FRONT PORTION OF MY LORRY. I HAVE VIDEO OF THIS ACCIDENT.

Declaration

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

Witnessed by Reporting Centre Personnel

Accident Photo



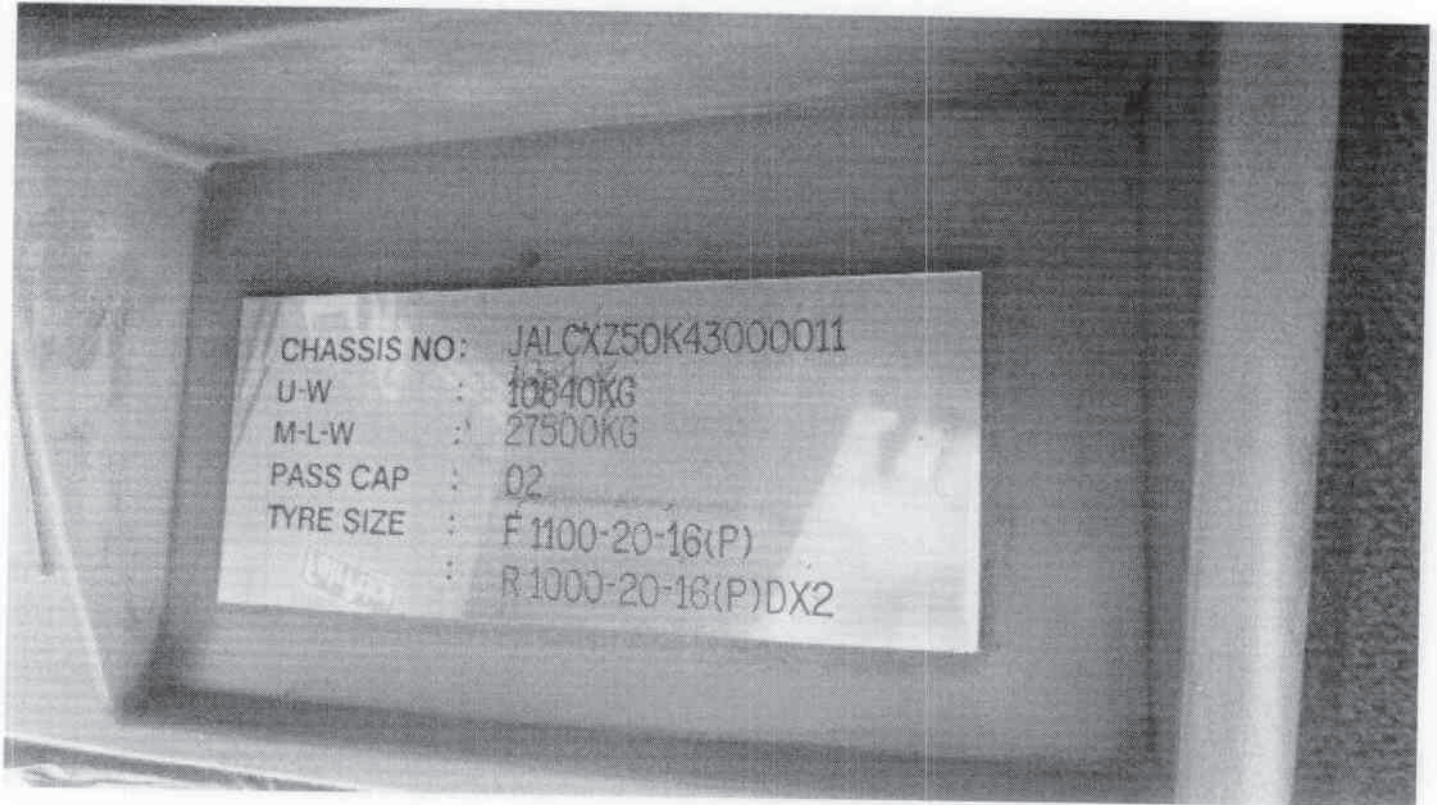
Accident Photo



Accident Photo



Accident Photo



Accident Photo

