

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	28/07/2016 12:44
Date Of Accident	27/07/2016 18:00
Exact Location Of Accident	PIE TWDS CHANGI AFT ENG NEO EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY6248K
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Insured/Policyholder

Name Of Registered Owner	M/S ASIA ICE MANUFACTURING(1991)PTE LTD
Co Reg No	198902288C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97566868

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	Private Car

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	DMPCSN3065561500
Cover Note Number	

Driver

Name of Driver	HENG CHOO TECK
NRIC No	S0655303F
Date Of Birth	14/04/1952
Occupation	Indoor
Date Of Driving Pass	19/05/1975
Driving Experience	41 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-97566868
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 28 CASSIA CRESCENT #03-24
Postcode	391028
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	3

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

PLS REFER TO THE ATTACHED STATEMENT.

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

Vehicle Registration Number	SKV8910A
Vehicle Make/Model/Colour	NISSAN SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Details Of Properties	
Name of Driver	LIM HAN CHEONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKH351P
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS 1.6 AUTO
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name HENG CHOO TECK
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SFY6248K
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 2

Name GAN YOKE SENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SFY6248K
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 3

Name TAN YI RONG,JULIE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SFY6248K
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

Sketch Plan

SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/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

Sketch Plan

Acc towards Changi after Eng Neo Exit.

(A) SFY 6248K

(B) SKV 8910A

(C) SKH 351P

王树仔

Sketch Plan #2

Describe Circumstances of the Accident

On 27/07/16 at @ 1800hrs, I was travelling in my vehicle (8FY 6248 K) along A1E towards Changi after Eng Neo Eng on Lane 2 from the right. I slow down and stopped due to traffic jam ahead. Suddenly, a vehicle (8KV 8410 A) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle (8KH 351 P) ahead of me and my windscreen cracked.

王树强

Declaration

We declare the foregoing particulars are true in every respect.

王树强
Policyholder's Signature / Date & Time

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

28/07/16
Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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