

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	23/08/2016 14:38
Date Of Accident	21/08/2016 12:55
Exact Location Of Accident	SLE TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL3763C
Insured/Policyholder	
Name Of Registered Owner	QING XIN PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-63124352

Vehicle Particulars

Manufacturer	DAIHATSU
Model	V128R-HYT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
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	DMCVSN3021501601
Cover Note Number	

Driver

Name of Driver	GOH CHENG MENG
NRIC No	S0386607F
Date Of Birth	07/07/1939
Occupation	Outdoor
Date Of Driving Pass	18/07/1958
Driving Experience	58 Years And 1 Month
Gender	Male
Mobile Number	+65-86868957
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 141 BISHAN STREET 12 #04-508
Postcode	570141
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?	No
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

I WAS DRIVING YL3763C ALONG SLE HEADING TOWARDS BKE. ACCIDENTALLY I FELT AN IMPACT FROM MY RIGHT HAND PORTION. UPON CHECKING, MY LORRY'S FRONT RIGHT HAND PORTION WAS HIT BY VEHICLE: SHD342Y. NO ONE WAS INJURED.

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

Vehicle Registration Number	SHD342Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

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.



[Handwritten signature]

[Handwritten signature]

Policyholder's Signature / Date &
Time **23-08-2016**

Driver's Signature (If driver is not the policyholder) / Date
& Time **23-08-2016 14:30 hrs**

Witnessed by Reporting Centre
Personnel

Sketch Plan

Diagram illustrating the accident scene on a grid background:

- Vehicle A (labeled 'A') is positioned near the bottom left, angled towards the center.
- Vehicle B (labeled 'B') is positioned slightly above and to the right of Vehicle A.
- Arrows indicate the direction of travel or movement: one arrow points left from the top, and two arrows point down from the right side.
- Labels 'SLE' and 'BKE' are present on the left side of the diagram.
- Handwritten notes on the right side of the grid: "A: YL3763C", "B: SHD342Y", and "Accident Date: 21-08-2016".

Accident Sketch Plan

Describe Circumstances of the Accident

I was driving YL3763C along SLE heading towards BKE. Accidentally, I felt an impact from my right ^{portion} hand. Upon checking, My lorry's front right hand portion was hit by vehicle: SHD 342T. No one was injured.

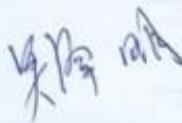
Declaration

We declare the foregoing particulars are true in every respect.



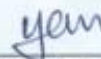

Policyholder's Signature / Date & Time

23-08-2016
14:30 hrs



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

23-08-2016 14:30hrs



Witnessed by Reporting Centre Personnel

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0386607F



Name: **GOH CHENG MENG**
吴泽明
Race: **CHINESE**
Date of Birth: **07-07-1939** Sex: **M**
Country of Birth: **SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0386607F**
Name: **GOH CHENG MENG**

Birth Date: **07 Jul 1939**
Issue Date: **11 Jul 2003**



Identification Card

2952010



NRIC No: S0386607F

Blood Group: AB+ Date of issue: 31-03-1997

Address:
APT BLK 141 BISHAN STREET 12
#04-508
SINGAPORE 570141

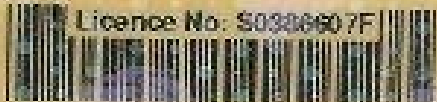


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

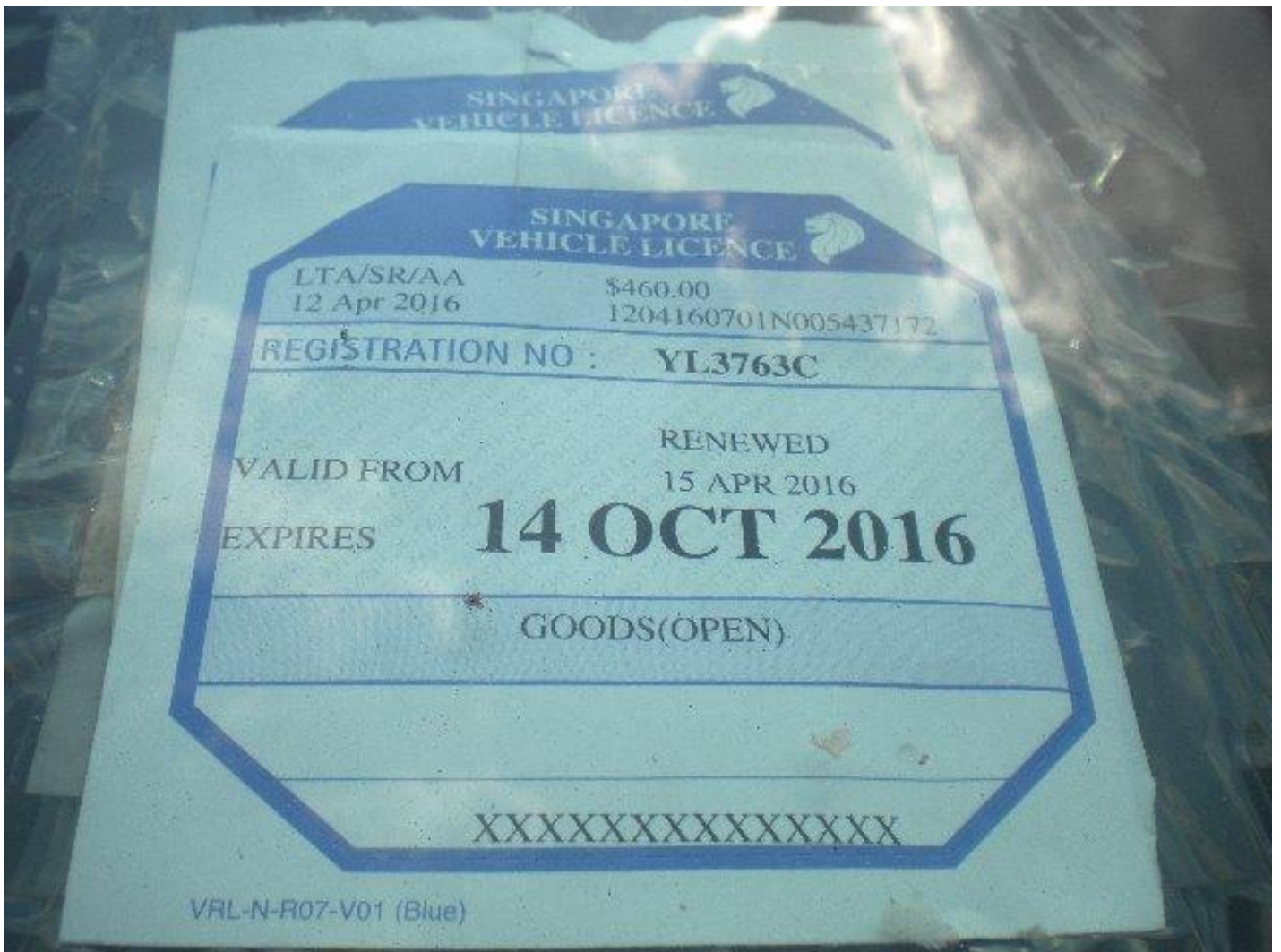
	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jul 1958

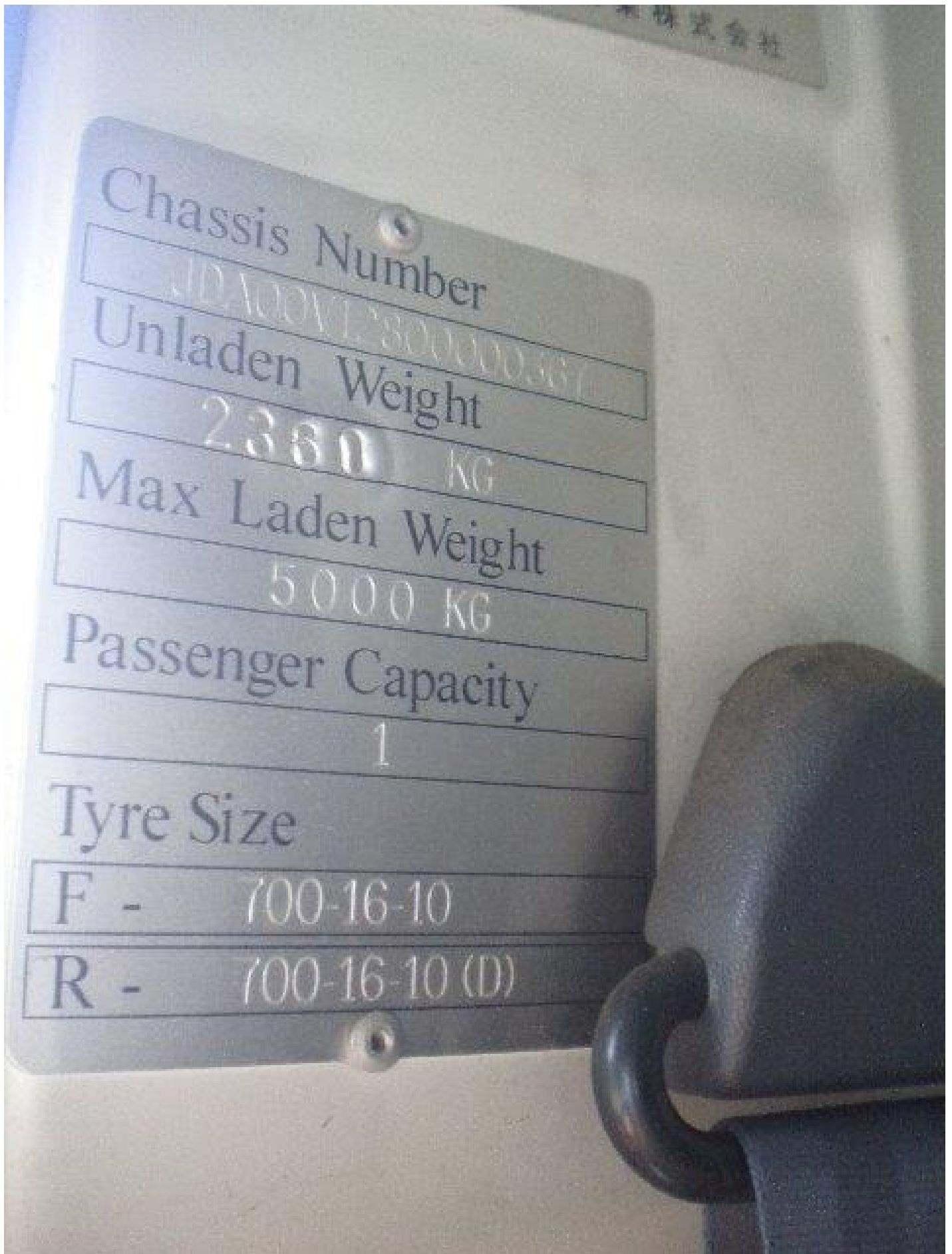
NP 425A

Licence No: S0386607F



Accident Photo





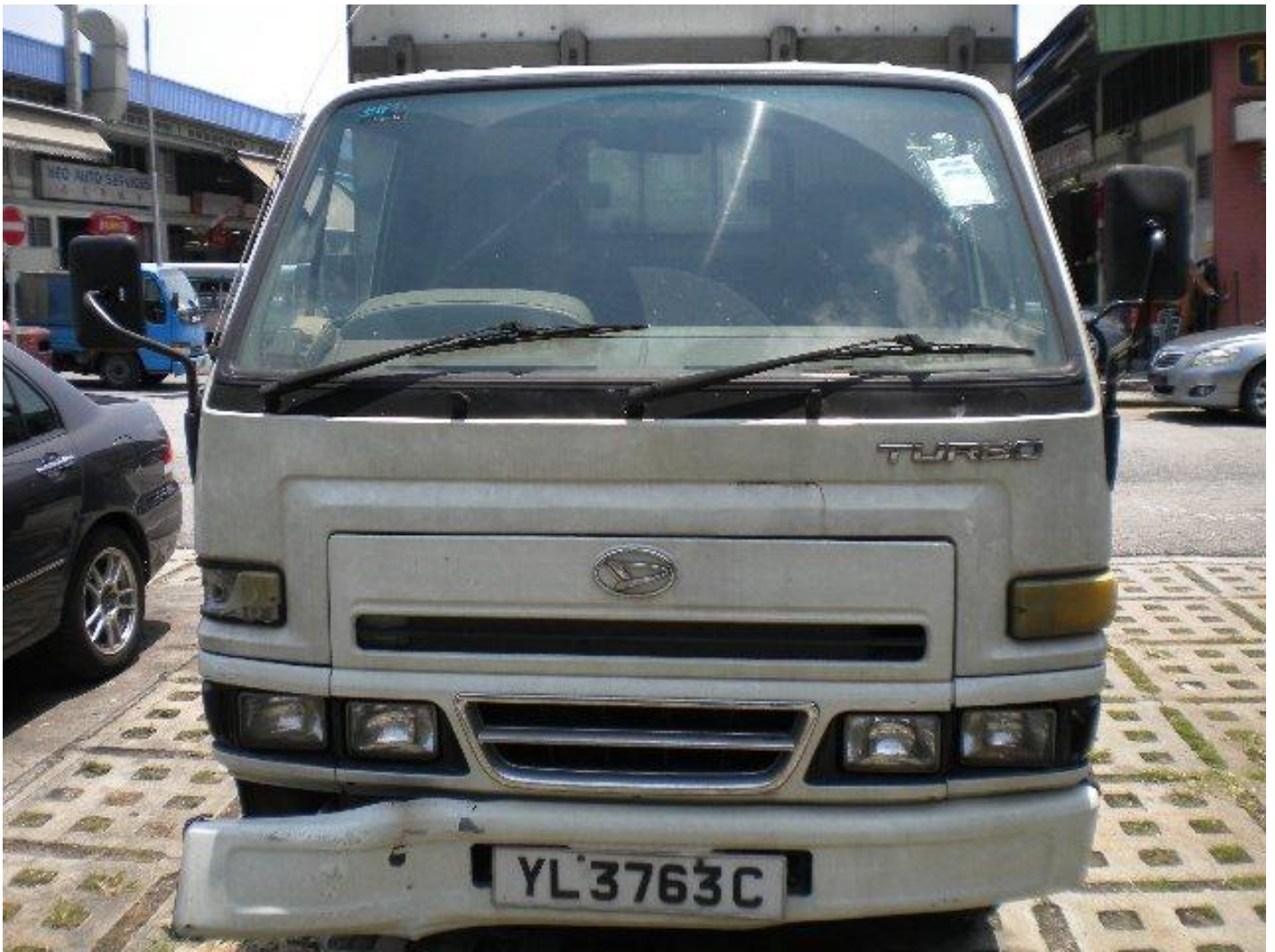
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M2AS 16104138 Vehicle Registration No : YL 3763C
Name(as shown in NRIC): Goh cheng Meng
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
NRIC/Passport No : 30386607E
Address : Blk 141 Bishan Street 12 #04-508 S(570141)
Contact (Tel) : 86868957 (H/P) : _____
(Email) : NO Email
Date of Accident : 21.08.2016 Time of Accident : 12:55
Place of Accident : SLE towards BKE
Insurance Company : China Taiping Insurance (S) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach sketch plan with company chop.

gcm

Signature of Vehicle Owner / Driver
Date: 23/8/16

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm