

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	14/11/2017 22:14
Date Of Accident	14/11/2017 13:25
Exact Location Of Accident	ALONG TOH GUAN ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC7138B
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO-1.6 D CARGO MJ (M)
Exact Purpose for which vehicle was being used at time of accident	
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	
Driver	
Name of Driver	SOH TIAN CHYE
NRIC No	S7426605C
Date Of Birth	18/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91804414
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 656D JURONG WEST ST 61 #08-333
Postcode	644656
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

ON MENTIONED DATE/TIME, I WAS TRAVELLING ON THE MIDDLE LANE ALONG TOH GUAN ROAD TOWARDS PIE (CITY). I WAS BEHIND SEVERAL OTHER VEHICLES AND THEY WERE STARTING TO MOVE OFF AS THE TRAFFIC LIGHT HAD TURNED GREEN. I WAS ABOUT TO MOVE OFF WHEN I NOTICED FROM MY REAR VIEW MIRROR VEHICLE B WAS APPROACHING AT A FAST SPEED. BEFORE I COULD DO ANYTHING, VEHICLE B HAD CRASHED INTO MY VEHICLE'S REAR PORTION, CAUSING DAMAGES. MY SPECTACLES AND ITEMS INSIDE MY VEHICLE WERE THROWN FORWARD. MY HEAD KNOCKED AGAINST THE HEADREST DUE TO THE IMPACT. I MANAGED TO EXCHANGE PARTICULARS WITH THE DRIVER OF VEHICLE B BEFORE DRIVING BACK TO MY OFFICE. AS I FELT UNWELL AFTER THE INCIDENT, I WENT TO SEE A DOCTOR AFTER I REPORTED THE ACCIDENT TO MY OFFICE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA8000C
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Name of Driver	LEE NGOO SENG
NRIC/Passport Number	S0576333I
Contact Number	62659181
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
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Phone Number
Email Address

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Toh Guan Rd

→

→

→

B

A

(A) GBC 7138B

(B) PX 8000C


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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ALONG TOH GUAN ROAD TOWARDS PIE (CITY). I WAS BEHIND SEVERAL
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I NOTICED FROM MY REAR VIEW MIRROR VEHICLE B WAS APPROACHING
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BEFORE DRIVING BACK TO MY OFFICE. AS I FELT UNWELL AFTER THE
INCIDENT, I WENT TO SEE A DOCTOR AFTER I REPORTED THE ACCIDENT
TO MY OFFICE.

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:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7426605C



Name
SOH TIAN CHYE
(SU TIANCAI)
蘇添財

Race
CHINESE

Date of birth 18-08-1974 Sex M

Country of birth
SINGAPORE

37426605C

Driver to sign on Sketch Plan and Statement

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7426605C

Name
SOH TIAN CHYE (SU TIANCAI)

Birth Date: 18 Aug 1974

Issue Date: 18 Jan 2003

000136128G

PAXI 1121

380548



NRIC No. S7426605C



Date of issue
03-09-2004

APT BLK 656D JURONG WEST STREET 61 #08-333
SINGAPORE 644656

NRIC No: S7426605C Date: 01/02/2009 No: 6151344

/ THIRD PARTY / REPORTING ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

PASS DATE
11 Feb 1997

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S7426605C

NP 426A

CLASS 3 ~ 11 FEB 1997