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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	12/12/2017 14:04	
Date Of Accident	11/12/2017 10:20	
Exact Location Of Accident	TAMPINES STREET 71	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD4700S	

Insured/Policyholder

Name Of Registered Owner CHOR JUAY ENTERPRISE

Co Reg No 53101086D Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-62242262

Vehicle Particulars

Manufacturer NISSAN

Model NV350 PANEL VAN 2.5 5MT 5DR EURO V

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 REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMCVSN3082991700

Cover Note Number

Driver

Name of Driver TAN YEOW HWEE

NRIC No S1621728Z

Date Of Birth 09/01/1963

Occupation OUTDOOR

Date Of Driving Pass 21/04/1988

Driving Experience 29 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97621899

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLOCK 733 TAMPINES STREET 71 #10-71

Postcode 52073

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 Vehicle

Insurance Company of Driver's Own Vehicle

-

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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 any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHMENT.

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 SLE8153X

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

SKETCH PLAN

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 interested parties.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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: (2/12/17 1230h)

Driver's Signature (If driver is not the policyholder)

Date & Time:

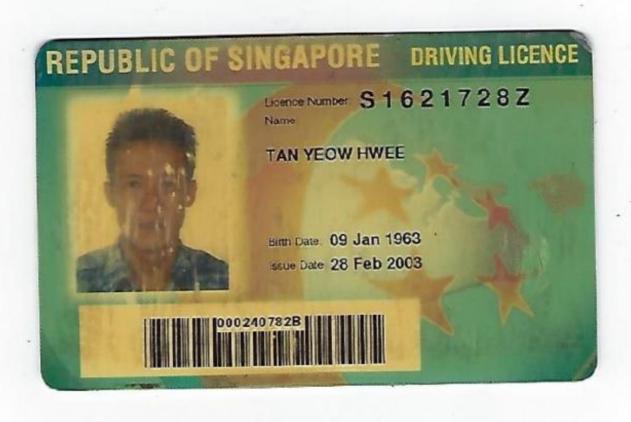
Reporting Centre Personnel's Signature

Name: Cassandía

NRIC/FIN No.: 632 2939)W

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ECLARATION We declare the foregoing	particulars are true in	every respect.			G)	T LTO





4816766



NRIC No. S1621728Z

Date of issue 26-01-2012

APT BLK 733 TAMPINES STREET 71 #10-71 SINGAPORE 520733

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

Motorcycles not exceeding 200 cc Class 2B Class 3

Wotor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the

weight of which unladen exceeds 2500 kilograms

Motor Vehicles which are not constructed Class 5

themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

PASS DATE

26 Dec 1989

21 Apr 1988

25 Oct 1988

21 Aug 1990

Licence No: S16217287

NP 428A

Class 4

















