

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	20/12/2017 10:01
Date Of Accident	19/12/2017 05:15
Exact Location Of Accident	AYE TWDS ECP/CTE RIGHT AFTER CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9882Y
Insured/Policyholder	
Name Of Registered Owner	M/S SHINYUU COLD CHAIN SOLUTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83660208

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1553311702
Cover Note Number	-

Driver

Name of Driver	KHO CHEE YEN
Passport No/FIN	G2774750M
Date Of Birth	17/06/1996
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88235375
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	18 BOON LAY WAY #08-103
Postcode	609966
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLEASE REFER TO ATTACHED STATEMENT.

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	SH8805A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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7. 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:
 - (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:

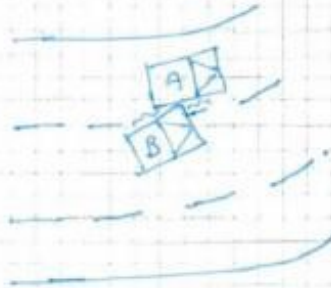
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

AYE TOWARDS ECP / CTR RIGHT AFTER CLEMENTI RD EXIT 9

VEHICLE A - 3M 9822 Y
VEHICLE B - SH 8805 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE EXTREME LEFT LANE OF AYE TOWARDS ECP / CTR DIRECTION.

WHILE DRIVING STRAIGHT AHEAD, RIGHT AFTER CLEMENTI RD EXIT 9 THERE IS A SLIGHT BEND, AND SO I SLOWED DOWN TO ENGAGE INTO THE BEND. WHEN HALF WAY THROUGH THE BEND, SUDDENLY I FELT A IMPACT CAME FROM THE RIGHT SIDE OF MY VEHICLE. THEN A VEHICLE DROVE PASS ME AND STOPPED INFRONT OF ME.

SO I ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEGAIN (SH 8805 A) HAD COLLIDED TO THE RIGHT SIDE OF MY VEHICLE WHEN HE MADE A EARLY TURN INTO THE BEND AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE, BUT INSTEAD OF STOPPING HIS VEHICLE, HE SPEED UP AND STOPPED INFRONT OF ME. THAT CAUSES ME NOT ABLE TO ACCURATELY TOOK A PHOTO OF HIS VEHICLE WAS IN MY LANE AND CAUSES THE COLLISION.

I WOULD LIKE TO STATE AS THERE WERE LOADS IN MY VEHICLE, AND SO I WAS DRIVING VERY SLOWLY.

VEHICLE A - 3M 9822 Y

VEHICLE B - SH 8805 A

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Signature of the driver

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

Signature of the reporting centre personnel

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

DRIVING DOC

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
SHINYU COLD CHAIN SOLUTIONS PTE. LTD.

Sector: **SERVICE**

Name:
KHO CHEE YEN

Occupation:
VEHICLE ATTENDANT

Work Permit No:
4 05537699

Date of Application:
16-12-2016

Date of Issue:
29-12-2016

Date of Expiry:
28-12-2018

L7510197

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 2774750M**

Name:
KHO CHEE YEN

Birth Date: **17 Jun 1996**

Issue Date: **28 Mar 2017**

Valid Till: **27/03/2022**

002669943E

VISIT PASS
Immigration Regulations

Name:
KHO CHEE YEN

Date of Birth: **17-06-1996** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G2774750M** Date of Issue: **29-12-2016** Date of Expiry: **28-12-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

		EFFECTIVE DATE
Class 3	Motor cars <= 3500 kg, with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg.	07 Oct 2017
Class 4	Heavy motor cars and motor tractors > 2500 kg.	07 Oct 2017

S / No. 9000274410

G2774750M

NP 428A

Licence No: G2774750M

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

