

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	28/12/2017 12:36
Date Of Accident	11/12/2017 07:45
Exact Location Of Accident	SEBBAWANG RD TWDS UPPER THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL2215A
Insured/Policyholder	
Name Of Registered Owner	M/S TOH KIM BOCK C-E CONTRACTOR PTE LTD
Co Reg No	-
Email Address	TOHKIMBOCK@TKBGROUP.COM
Mobile Phone No	(LOCAL) +65-96121205
Alternative Phone No	OFFICE-96121205

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	DMCVSN1756211700
Cover Note Number	

Driver

Name of Driver	HASSAN ZIAUL
Passport No/FIN	G2553080U
Date Of Birth	14/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96121205
Fax Number	
Contact Number	OFFICE-96121205
EEmail Address	TOHKIMBOCK@TKBGROUP.COM

Address	TOH KIM BOCK C-E CONTRACTOR PTE LTD
Postcode	
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 - HEAD TO REAR
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

PLS REFER TO THE 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	SHC6089U
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)	

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.



X

Policyholder's Signature
Date & Time:

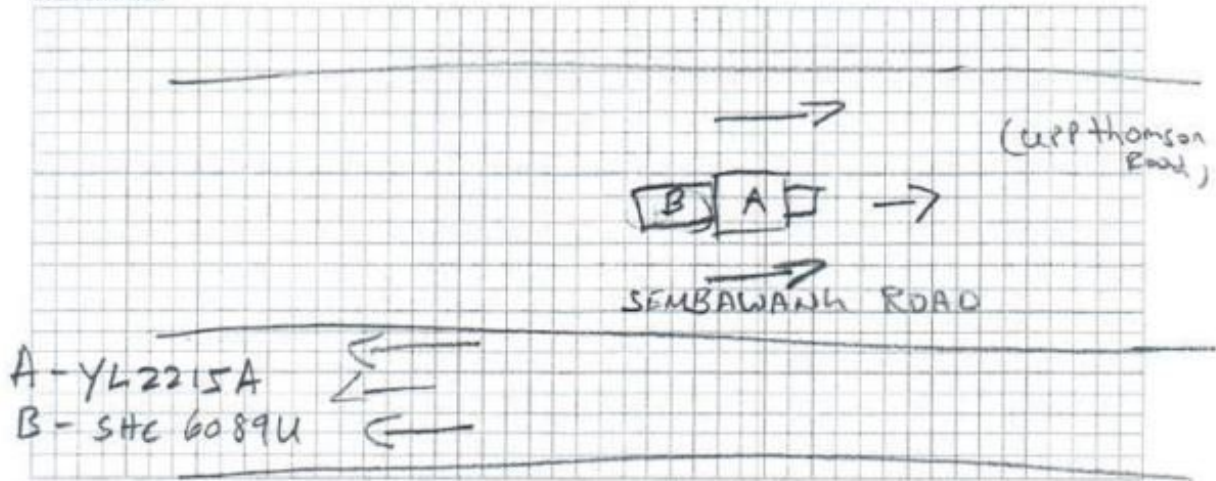
Ziaul

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

28/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Sembawang Rd toward Upper Thomson Rd. Vehicle A was waiting for the traffic light suddenly roll back and hit on Vehicle B front portion.

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.:



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI17023654/K1hb3

21ST December 2017

TOH KIM BOCK C-E CONTRACTOR PTE LTD
3 PEMIMPIN DRIVE
#05-04 LIP HING INDUSTRIAL BUILDING
SINGAPORE 576147



Dear Sir / Madam,

**ACCIDENT INVOLVING YL2215A AND SHC6089U ON 11 DECEMBER 2017
ALONG SEMBAWANG ROAD**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** to settle a **THIRD PARTY** claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** Authorized workshops/reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note you had been notified via post from **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** dated 14 DECEMBER 2017.

To enable us to look into the matter immediately, please let us hear from you within **seven (7)** days from date of this letter (by 28TH December 2017).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Vic Alpeh Sanghilan
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email : vicalpeh@lkkauto.com

c.c. **China Taiping Insurance (Singapore) Pte Ltd**
(Motor Claims Dept)

Accident Photo



Accident Photo



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