SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 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

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	ACCIDENT STATEMENT		
Date Of Report	25/01/2018 12:00		
Date Of Accident	24/01/2018 14:30		
Exact Location Of Accident	BEFORE JUNC OF LAVENDER ST & HAMILTON RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBG4321L		
Insured/Policyholder			
Name Of Registered Owner	M/S STEER CONSTRUCTION PTE LTD		
Co Reg No	-		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-85693210		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	DYNA		
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	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCVSN1753251700		
Cover Note Number	-		
Driver			
Name of Driver	PHUA YI MING ROY		
NRIC No	S8527350G		
Date Of Birth	10/08/1985		
Occupation	OUTDOOR		
Date Of Driving Pass	10/07/2008		
Driving Experience	9 YEARS AND 6 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-85693210		
Fax Number			

NOEMAIL

Address BLK 130 POTONG PASIR #01-203

Postcode 350130

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

NO

NO

2

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?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

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

I WAS TRAVELLING ALONG LAVENDER ST ON THE EXTREME RIGHT LANE, WHILE APPROACHING A TRAFFIC JUNCTION. SUDDENLY VEH B (BEARING NO GBG599D) FROM MY LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT HAND SIDE. DUE TO THE IMPACT, MY VEH BEEN PUSH TO THE RIGHT SIDE AND HIT ONTO THE KERB.

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 GBG599D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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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)

Lunderstand, 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.

STEER C STE LTD

Policyholder's Signature Date & Time: 14-1

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

Name: NRIC/FIN No.:

Accident Sketch Plan

tamilton Rd				A = GBG 4321L
				B = GBG 599 D
				0 - 1966 314 D
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21 Guillemand Road (5) 399994	1	//		my
	-11	<i>U</i>		Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the	policyholder)	Name:	
Date & Time:	Date & Time:		NRIC/FIN 1	No :

DRIVING DOC





VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIESI

EFFECTIVE DATE

Class 28 Molecycles < 200 cc

Class 3 Molecycles < 200 cc

All 2013

Molecycles < 200 cc

Other forms of the driver; and other motor vehicles < 2500kg

Licence No. SASS77350G



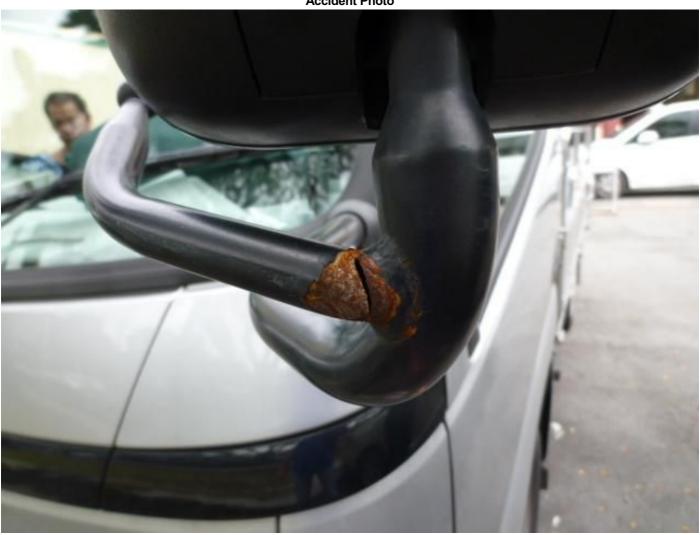






















STEER CONSTRUCTION
STEER CONSTRUCTION
STEER CONSTRUCTION
114 LAVENDER STREET
114 LAVENDER 338729
#11-17 S'PORE 338729
REG NO: 201714320C
PAX: 1 DRIVER 2 OTHERS











