

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 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	31/01/2018 13:21
Date Of Accident	30/01/2018 18:00
Exact Location Of Accident	ALONG EUNOS LANE > HOUGANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8463E
Insured/Policyholder	
Name Of Registered Owner	GYOSEKI FASHION PTE LTD
Co Reg No	197705134H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069422201-03
Cover Note Number	

Driver

Name of Driver	LING CHEONG KHIN
NRIC No	S1610747F
Date Of Birth	03/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1981
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91459393
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 101 RIVERVALE WALK #08-30
Postcode	540101
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?	YES
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)	2
Passenger 1	NAME: : HENG MOI CHEN GENDER: : FEMALE

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

REFER TO BELOW STATEMENT/SKETCH PLAN;

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	XD5455H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	ERGO INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name LING CHEONG KHIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBC8463E
Were seat belts worn? YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HENG MOI CHEN
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBC8463E
Were seat belts worn? YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

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 compliance with requirements under any regulations, laws or court orders.

業發服裝私人有限公司
GYOSEKI FASHION PTE LTD
113 EUNOS AVENUE 3 #04-07
GORDON INDUSTRIAL BUILDING
SINGAPORE 400028
TEL: 6743 2456 FAX: 6743 1204

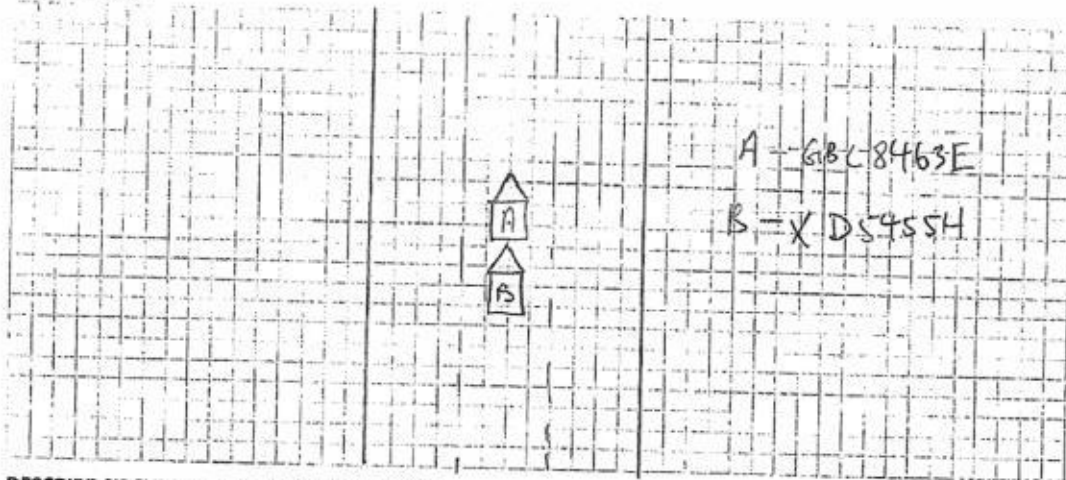
31 JAN 2010

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Reporting Centre Personnel's Signature
Name: Tel: 67416697
NRIC/FIN No: Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/01/18 at 18 hrs. I was driving my vehicle (A) along
 Eunos Lane towards Hongany. I stop my car due to in
 front vehicle stop. Suddenly vehicle B hit on my rear
 portion.

DECLARATION

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

業駿服裝私人有限公司
 GYOSEKI FASHION PTE LTD

Policyholder's Signature: [Signature]
 Date: 31 JAN 2018
 SINGAPORE 409633
 TEL: 6743 2456 FAX: 6743 1204

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

31 JAN 2018

IDAC KAKI BUKIT (VAC)
 23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature
 Name: [Signature]
 Fax: 67492305
 NRIC/FIN No.:
 Email: vactb@singnet.com.sg