

## 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	08/02/2018 09:29
Date Of Accident	07/02/2018 14:30
Exact Location Of Accident	ALONG PIE (TUAS) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1623T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MIKE'S TRANSPORT
Co Reg No	53315782W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96196800
Alternative Phone No	OFFICE-96196800

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095109171
Cover Note Number	

### Driver

Name of Driver	WILSON TANG WING SENG
NRIC No	S1687580E
Date Of Birth	01/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2009
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87509829
Fax Number	
Contact Number	OFFICE-87509829
Email Address	NOEMAIL

Address	BLK 514 JURONG WEST STREET 52 #05-08
Postcode	640514
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING TRAVELLNG ALONG PIE (TUAS) LANE 2 BEFORE CTE EXIT. SUDDENLY VEHICLE B WAS TRAVELLING LANE 3 CUT ONTO MY LANE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION (FRONT LEFT DOOR AREA). AFTER VEHICLE B HIT ONTO MY VEHICLE, HE DID NOT STOP HIS VEHICLE.

#### 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	GBC3112B
Vehicle Make/Model/Colour	LUCKY JOINT CONSTRUCTION
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)

1

DETAILS OF INJURED PERSON 1

Name WILSON TANG WING SENG  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SJP1623T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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

SKETCH PLAN

PICTURES

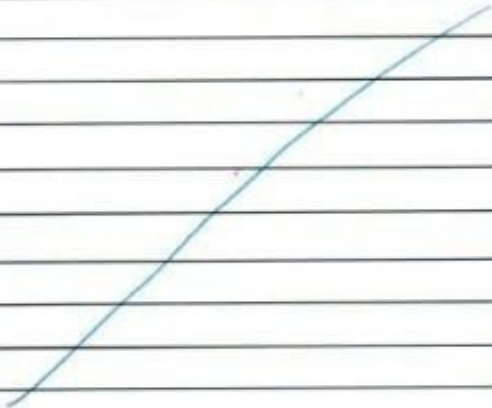
A: DP16237

B: ABC3112B

The sketch plan shows a road layout on a grid. A vertical road is labeled 'PICTURES' on its left side. A horizontal road intersects this vertical road. A dashed line starts from a point labeled '1' on the horizontal road, goes up and to the right, then down and to the right, ending at a point labeled '3' on the vertical road. Point '2' is located on the horizontal road, to the right of point '1'. Point 'A' is located on the horizontal road, to the right of point '2'. Point 'B' is located on the vertical road, above point '3'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.



## 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.:

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of MIKE'S TRANSPORT (53315782W)

Date: 08/10/2017

## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
TAN LIAN PUAY MICHAEL	S1780669F	SINGAPORE CITIZEN	763 PASIR RIS STREET 71 #06-236 SINGAPORE (510763)	OSCARS	08/09/2015 Owner

## Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA171008154075

DATE : 08/10/2017

This is computer generated. Hence no signature required.



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## Business Profile (Business) of MIKE'S TRANSPORT (53315782W)

Date: 08/10/2017

## The Following Are The Brief Particulars of :

Name of Business	: MIKE'S TRANSPORT
Former Name(s) If any	:
Date of Change of Name	:
Registration No.	: 53315782W
Registration Date	: 08/09/2015
Commencement Date	: 14/09/2015
Status of Business	: Live
Status Date	: 19/09/2017
Renewal Date	: 19/09/2017
Expiry Date	: 08/09/2018
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 763 PASIR RIS STREET 71 #06-236 SINGAPORE (510763)
Date of Change of Address	:

## Principal Activities

Activities (I)	: PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:
Activities (II)	: WHOLESALE OF MOTOR VEHICLES EXCEPT MOTORCYCLES AND SCOOTERS (46561)
Description	: BUYING AND SELLING OF USED MOTOR VEHICLES

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Position
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Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**





Accident Photo



Accident Photo

