

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 19:02
Date Of Accident	08/02/2018 09:45
Exact Location Of Accident	ALONG ALEXANDRA ROAD BEFORE DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4736D
Insured/Policyholder	
Name Of Registered Owner	EUGENE SHIP FURNISHERS
Co Reg No	08049400E
Email Address	ADMIN@EUGENEMARINE.COM.SG
Mobile Phone No	(LOCAL) +65-97190042
Alternative Phone No	OFFICE-62523101

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB71ER4SDEC (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO OFFICE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29034866 MKC
Cover Note Number	

Driver

Name of Driver	CHIANG THIM FOOK
NRIC No	S0064224Z
Date Of Birth	10/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97190042
Fax Number	
Contact Number	OFFICE-62523101
E-Mail Address	ADMIN@EUGENEMARINE.COM.SG

Address	BLK 62 CIRCUIT ROAD #07-295
Postcode	1337
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?	
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 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	SHD262U
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OLIVEIRO JERRERY
NRIC/Passport Number	S0484688E
Contact Number	98071575
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.



Policyholder's Signature

Date & Time: 08/02/18
1415 Hrs.

Chay Lim Teck

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

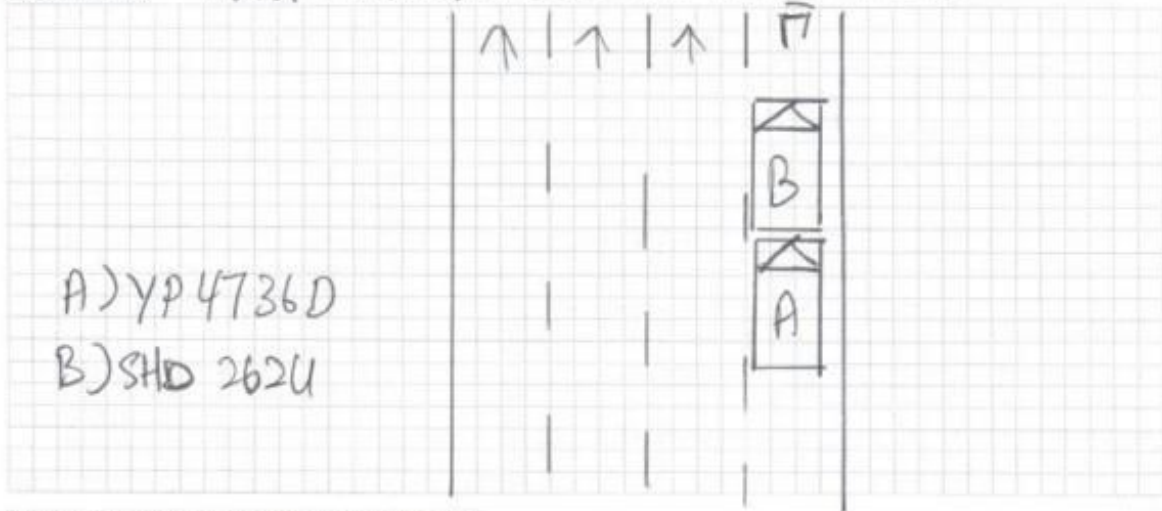
[Signature]

Reporting Centre Personnel's Signature
Name: *Peck Wai Ann*
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Along Alexandra Road B/F Depot Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 09:45 AM on 08.02.18, while driving along the Alexandra road toward Depot road the East going Taxi vide No. SHD262U suddenly applied the brake eventually my lorry hit the back portion of the taxi.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: *Koshi Wong*
 NRIC/FIN No.:

GAARMS SketchPlanForm_V2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO	:	EBRUEA20267	
UNLADEN WT	:	1500	KG
MAX LADEN WT	:	2500	KG
PASSENGER CAP	:	1 DRIVER	2 OTHER
TYRE SIZE	:	(F) 195 / 85R15	
	:	(R) 195 / 85R15(D)	

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS-MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / dst Reg. No.: M400017793

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MIA418019827 Vehicle Registration No: YP4736D
Name (as shown in NRIC): CHIANG THIM FOOK NRIC/FIN/Passport No: S0064224Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 97190042

Email Address: _____

Date of Accident: 08/02/2018 Time of Accident: 09:45

Place of Accident: ALONG ALYANMURA ROAD B/F DEPOT ROAD

Insurance Company: MGL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INJURED NAME TO EUGENE SHIP FURNITURE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Padi W...
NRIC/FIN No.:
Date: 23/08/2018