

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	23/02/2018 15:54
Date Of Accident	23/02/2018 09:10
Exact Location Of Accident	ALONG CENTRAL BLVD TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5138Z
Insured/Policyholder	
Name Of Registered Owner	THINK ONE LEASING PTE LTD
Co Reg No	201115609M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96386668
Alternative Phone No	OFFICE-68443300

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER 3.0M
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5070244660-02
Cover Note Number	

Driver

Name of Driver	KONG LINGFA
NRIC No	G8154564U
Date Of Birth	18/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84363515
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	109 TAMPINES ROAD #05-06
Postcode	535131
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	COLLISION - CROSS JUNCTION
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?	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)	2
Passenger 1	NAME: : TINA GENDER: : MALE

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 23.02.2018 AT ABOUT 9.10AM. I WAS TRAVELLING CENTRAL BLVD TOWARDS BAYFRONT AVENUE. WHILE THE TRAFFIC IS IN MY FAVORED. I PROCEED AHEAD OF ME A WHITE VEHICLE SKS1169K FROM OPP SIDE BANG AT MY FRONT OF VEHICLE. NO WAS INJURED IN THIS ACCIDENT.

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	SKS1169K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH ENG HWA
NRIC/Passport Number	S6921122D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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.

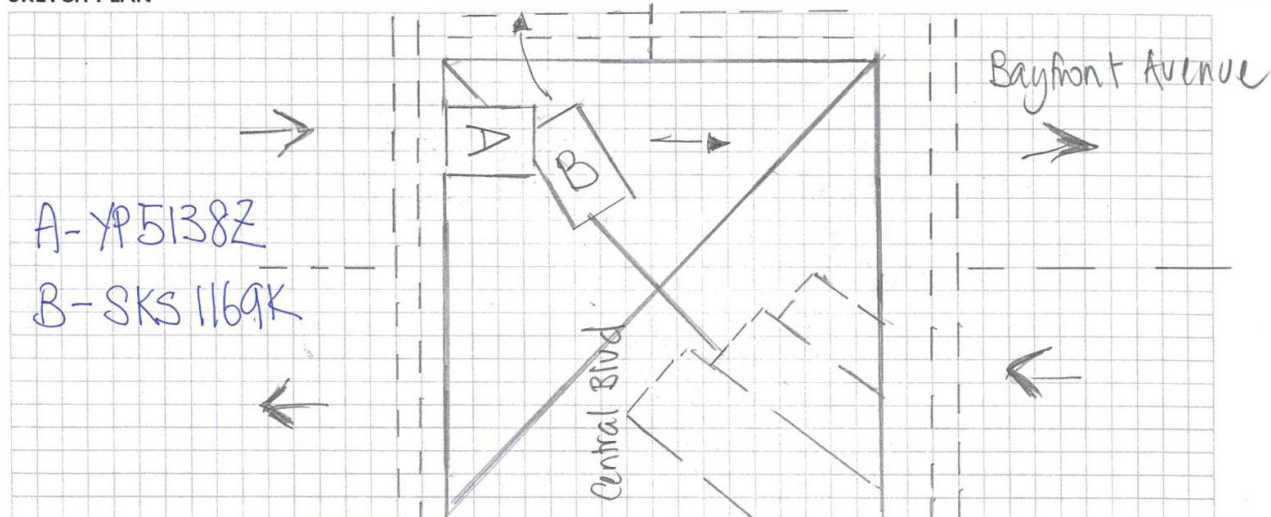


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Ian Tiv Kiang Karen
NRIC/FIN No.: 972850K

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23.02.2018 at about 9.10am I was travelling Central Blvd towards Bayfront Avenue. While the traffic is in my favoured. I proceed ahead of me, a white vehicle SKS1169K from opp side bang at my front of vehicle. No one was injured in this accident.

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: Tan Hui Kiang Karen
NRIC/FIN No.: 85138542

Sketch Plan #3 Pg. 1

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KERRY DISTRIBUTION (SINGAPORE) PTE. LTD.

Sector: **SERVICE**

Name
KONG LINGFA

Occupation
LORRY/ TRUCK DRIVER

Work Permit No.
0 72006437

Date of Application
08-08-2017

Date of Issue
21-08-2017

Date of Expiry
10-01-2019

L8248182

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8154564U**

Name:
KONG LINGFA

Birth Date: **18 May 1983**

Issue Date: **11 Oct 2016**

Valid Till: **10/10/2021**

002618573E

84363515

VISIT PASS
Immigration Regulations

Name
KONG LINGFA

Date of Birth: **18-05-1983** Sex: **M** Nationality: **CHINESE**

FIN: **G8154564U** Date of Issue: **21-08-2017** Date of Expiry: **10-01-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **11 Oct 2016**

NP 428A

Licence No: **G8154564U**

Accident Photo



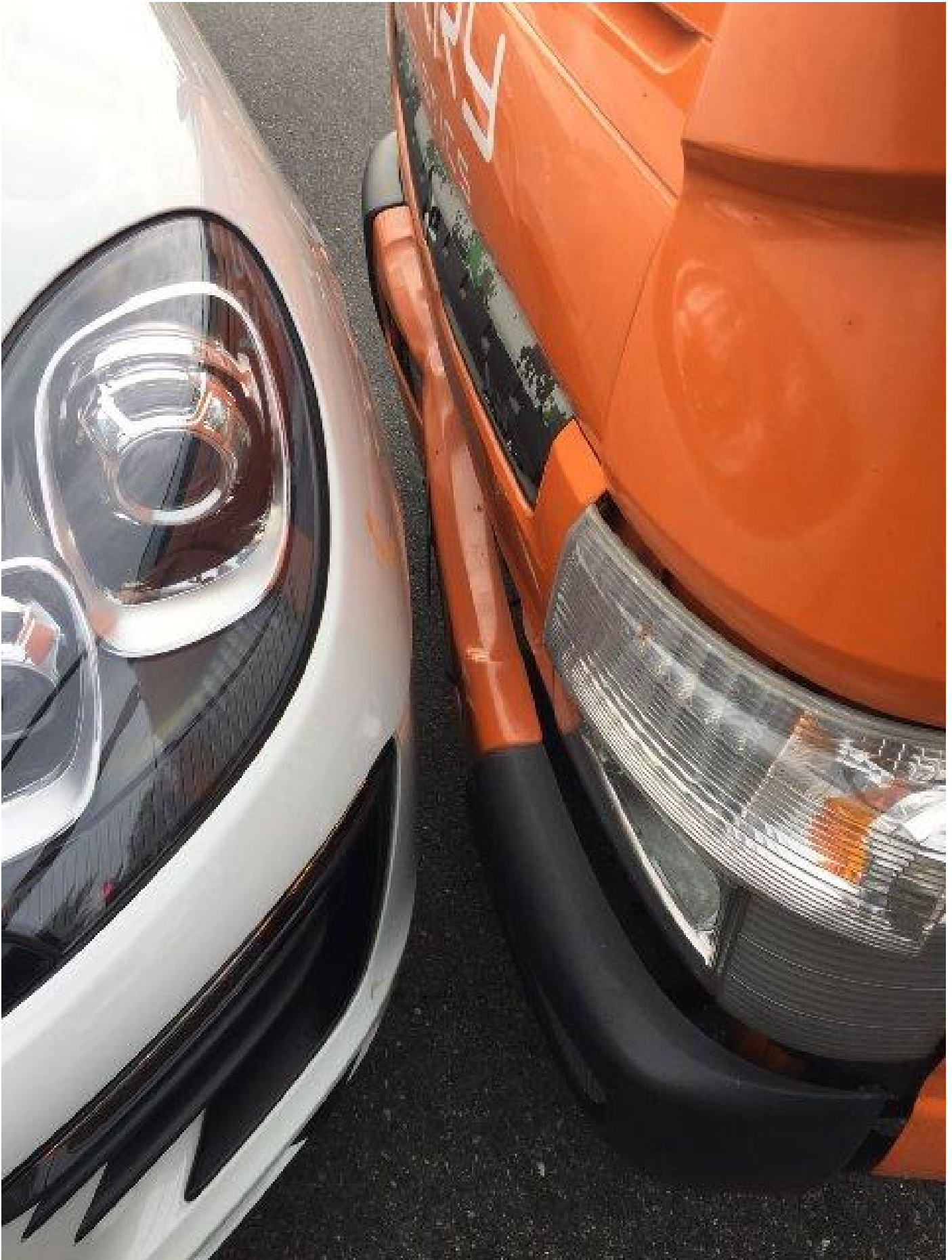
Accident Photo



Accident Photo



Accident Photo



Accident Photo



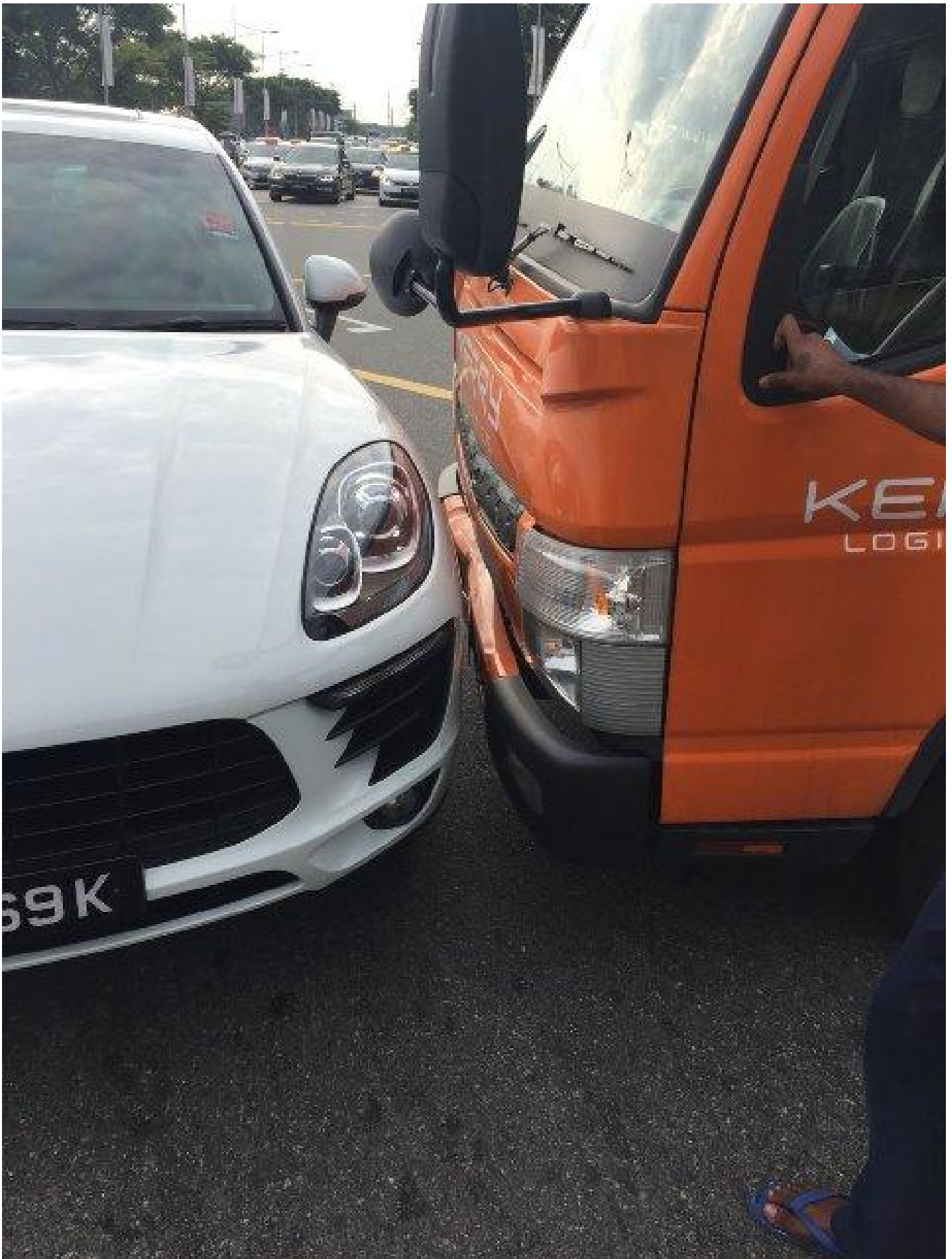
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