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 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.	
	ACCIDENT STATEMENT
Date Of Report	09/03/2018 17:34
Date Of Accident	09/03/2018 10:20
Exact Location Of Accident	THOMSON ROAD RESIDENCE AREA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD1715U
Insured/Policyholder	
Name Of Registered Owner	TREDI CONSTRUCTION PTE LTD
Co Reg No	199302238C
Email Address	FINANCE.TREDI@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63650318
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1425791703
Cover Note Number	
Driver	

Name of Driver AIW TIAN FONG NRIC No S1333317C Date Of Birth 17/01/1958 Occupation **OUTDOOR** 07/09/1984 **Date Of Driving Pass**

Driving Experience 33 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97618822

Fax Number

Contact Number

EMail Address NOEMAIL Address BLOCK 176 BUKIT BATOK WEST AVENUE 8 #07-317

Postcode 650176

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

-

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
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.

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 HIT ONTO A STONE WHEN I TRAVELLED ALONG THOMSON ROAD, AS ARESULT, MY VEHICLE SKIDED AND HIT ONTO THE WALL OF ONE OF THE HOUSE AT THE RESIDENCE AREA NEARBY.

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

Vehicle Make/Model/Colour

Details Of Properties WALL OF HOUSE
Vehicle Category NA/UNKNOWN

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)

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:
 - 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.

Time: 9/3/18 1710hr.S (If driver is not the policyholder)

Date B. Time: 9/3/18 1710hr.S

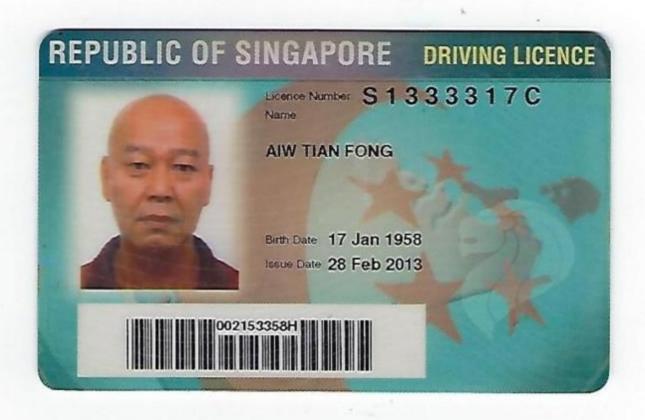
Reporting Centre Personnel's Signature Name: (aSSand 19

NRIC/FIN No.: 6322939/W

Accident Sketch Plan

SKETCH PLAN			
			DOA: 9-3-2018 A: GBD 1715U
pefer -	to Scene Photo		
DESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT		
I hit on a rock,	when I travelled alon	ng Thomson Road, as	a result,
my vehicle sxidded a	nd hit outo the wall o	of one of the hou	se at the
yesidence area near	b1.		
1.600 - 600 - 60-63		Э.	
	-nestrated (- 1 - 1)		
37			
Brigadowski sa ka			
DECLARATION		OTJ 279 HOLDON PTE LTD	SERVA.
/We declare INHOPECONSTRU 域立生設私	UGHONUPTE vdcTOspect. 人有限公司		
Policyholder Signature Date & Time:	Driver Strature (If driver is not the policyholder) Date & Time:	Reporting Centre Name: Cossono NRIC/FIN No.: 6	Personnel's Signature





5318497



NRIC No. S1333317C



30-05-2014

Address

APT BLK 176 BUKIT BATOK WEST AVENUE 8 #07-317 SINGAPORE 650176

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 07 Sep 1984 of the driver; and other motor vehicles =< 2500kg

NP 428A



Scene Photo



Scene Photo



Scene Photo











