

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 | 19/03/2018 10:02 |
| Date Of Accident | 24/02/2018 18:15 |
| Exact Location Of Accident | BLK 530 AMK AVE 10 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBB1004Z |
| Insured/Policyholder | |
| Name Of Registered Owner | YAN MING WOOD INDUSTRIES |
| Co Reg No | 53039728E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|---|
| Manufacturer | MITSUBISHI |
| Model | L200 SINGLE CABIN 2.5L TURBO M/T DIESEL |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMCVSN1605381802 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOKE SHEE WAH |
| NRIC No | S0751198A |
| Date Of Birth | 06/08/1950 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/02/1975 |
| Driving Experience | 43 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92386852 |
| Fax Number | |
| Contact Number | OFFICE-92386852 |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 188C RIVERVALE DRIVE #05-1052 |
| Postcode | 543188 |
| 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 | NO COLLISION |
| 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SERANGOON NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4880999 - FAX NO: 64883561 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180314/2050.

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 | SGA7093Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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.

廖名木三弟
YAP MING WOOD INDUSTRIES
FACTORY 80 PLAYFAIR ROAD #03-05
LLK A KAPO FACTORY BUILDING

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180314/2050.

DECLARATION

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

FAIRTING WOOD INDUSTRIES
FACTORY, 80 PLAYFAIR ROAD #03-03
BLK A KAPO FACTORY BUILDING

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.:

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180314/2050

2 of 3

Report No. T/20180314/2050

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Brief Details.

On the 13/03/2018, I received a letter dated on 02 March 2018 from traffic police vide TP/IP/14207/2018 regarding a case of traffic accident along Ang Mo Kio Ave 10 on the 24/02/2018 at around 1815hrs. The traffic police address the said letter to my wife company Yan Ming Wood Industries and our say company have one pick-up bearing registration no. GBB1004Z and I am the only driver of the said vehicle.

As the letter indicate on the 24/02/2018 at around 1815hrs, I am the said driver and I did drove the vehicle along Ang Mo Kio Ave 10. I remember that I proceed to Block 500+ along Ang Mo Kio Ave 10, I had parked my pick-up at the parking lot of the open space car park. I am certain that my pick-up was not involve in any road-traffic accident while I parked or travelled along Ang Mo Kio Ave 10 .

Thus, I am lodging this report as advised by the traffic police.

Police Report



SINGAPORE
POLICE FORCE



T/20180314/2050

3 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

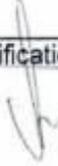
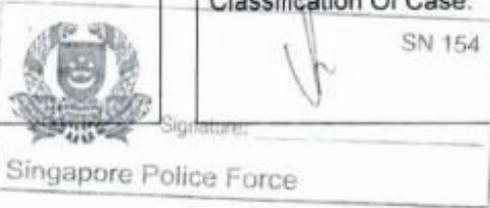
Report No. T/20180314/2050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| | |
|---|---|
| Signature Of Officer Recording The Report: F / Sgt 2 TANG CHUEN BOON | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 14/03/2018 11:23 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case:  SN 154 |
| Authentication Stamp NP168 | Signature:  |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO. : MMBENKB407D169429
U.W. : 1740KG
M.L.W. : 2890KG
PASS. CAP : 1 DRIVER 1 OTHERS
TYRE SIZE : F205/16C 110/108R 8PR
: R205/16C 110/108R 8PR

Accident Photo

