

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	10/04/2018 16:43
Date Of Accident	06/04/2018 13:30
Exact Location Of Accident	LIM CHU KANG CHINESE CEMETERY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT259H
Insured/Policyholder	
Name Of Registered Owner	SERON-AIRE ENGINEERING PTE LTD
Co Reg No	201010034D
Email Address	SERONIC@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67474639

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1748271700
Cover Note Number	

Driver

Name of Driver	GOH SWEE HUA
NRIC No	S0151860G
Date Of Birth	12/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96269956
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 28C DOVER CRESCENT #37-49
Postcode	133028
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PARTNER
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	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)	3
Passenger 1	NAME: : DRIVER'S SISTER GENDER: : FEMALE
Passenger 2	NAME: : DRIVER'S SISTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS REVERSING INTO THE PARKING LOT OF THE CARPARK, ACCIDENTALLY HIT ONTO THE FRONT RIGHT PORTION OF VEHICLE B, SDR9888D.

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	SDR9888D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NANCY NG AI SOH

NRIC/Passport Number	S7133220I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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:

10-4-18

1448 HRS

ISSUED Sketch Plan Form 1/8



Driver's Signature

(If driver is not the policyholder)

Date & Time:

10-4-18

1448 HRS



Reporting Centre Personnel's Signature

Name: Cassandra

NRIC/FIN No.: G3229391W



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing into the parking lot of the carpark, accidentally hit onto the front right portion of vehicle B, SDR9888D.

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: 10-4-18
1440

Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.: G3221391W



Annex D

NOTICE OF REPORTING

This is to confirm that GOH SWEE HWA, NRIC/FIN
S0151860G, has reported to the Police a non-injury traffic accident which
occurred at Jalan Baha near to Lim Chu kang Chinese cemetery carpark

on 6 April '18 at 1330 am/pm involving the following vehicles:

- ① GT259H (Above mentioned complainant)
- ② SDR9888D

2 If this accident was reported to the Police within 24 hours of its
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act,
Cap 276.

Rank/Name of Issuing Officer: Sgt Shawn Tan 

Date: 7 April '18 Time: 1031hrs

S/D Ref: 33

Clementi NPC
20 Clementi Ave 5
S (129858)
Tel: 68729999
Fax: 68728039

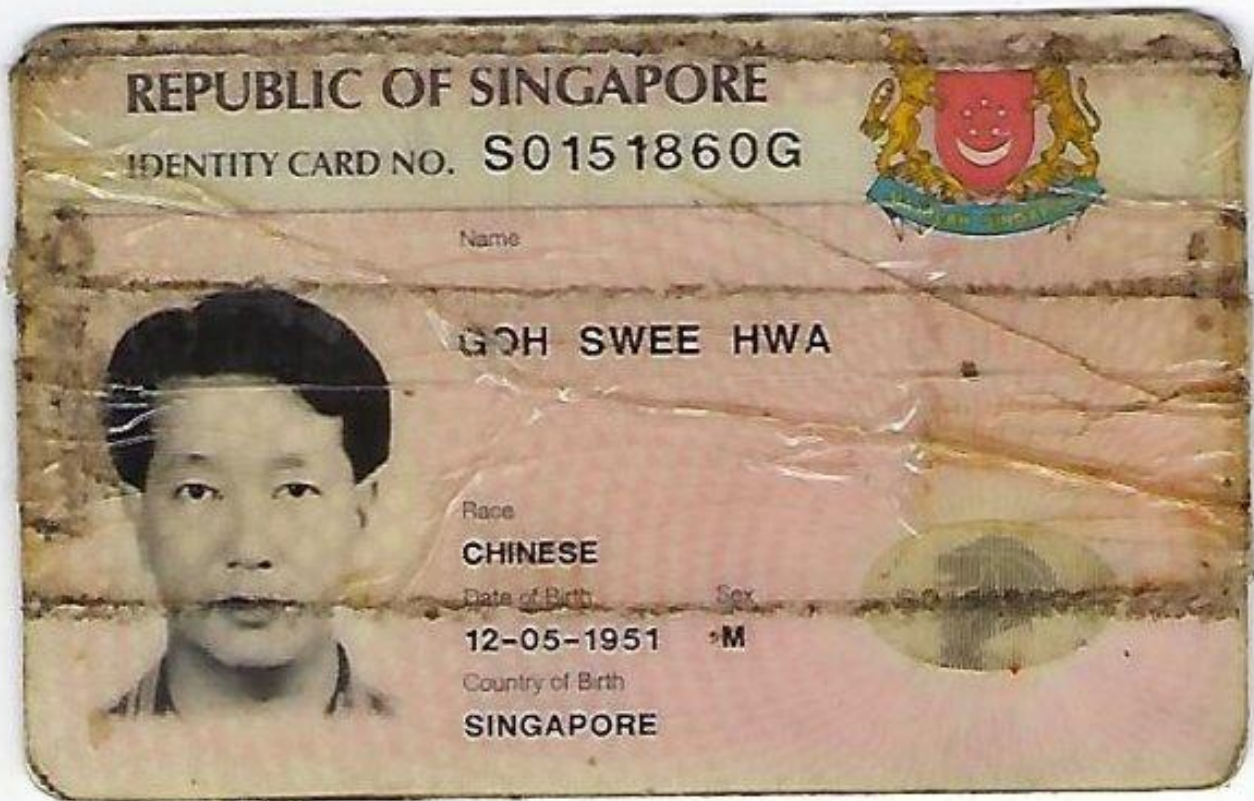
Police Post/Unit: Clementi NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police



GOH SWEE HWA
S0151860G

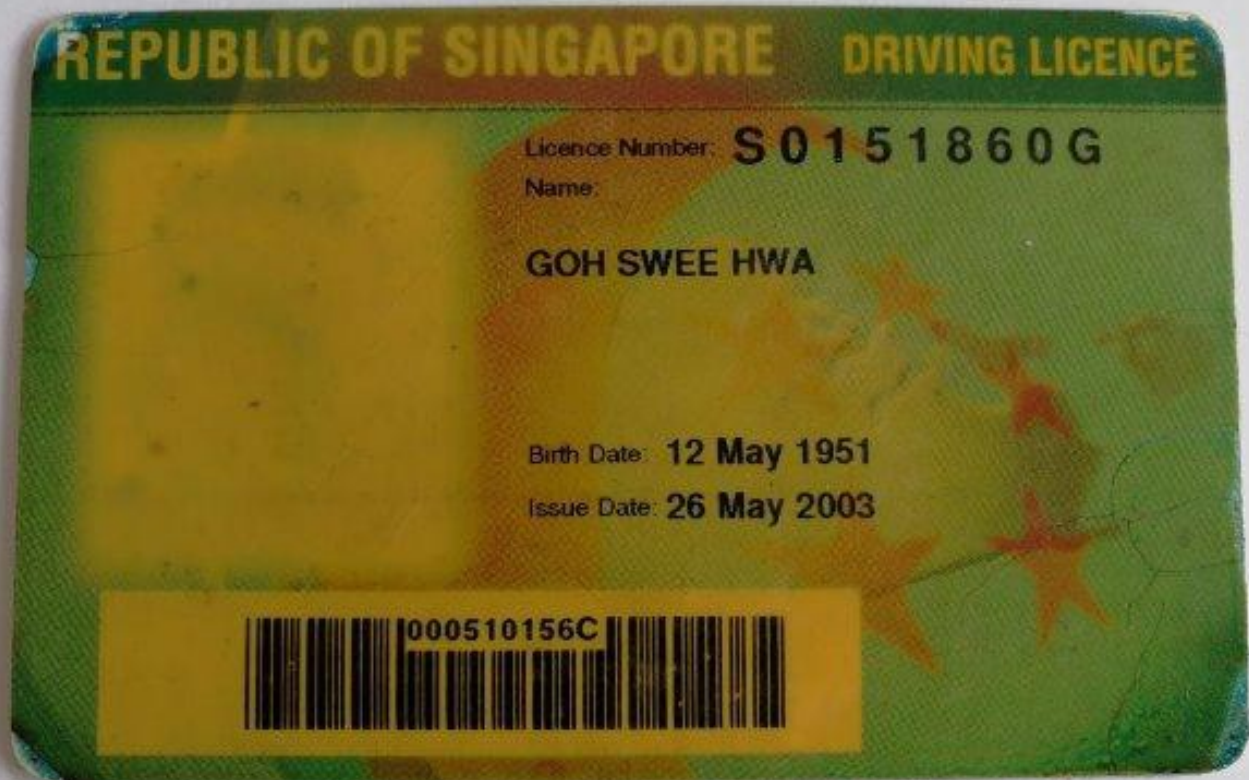
Identification Card



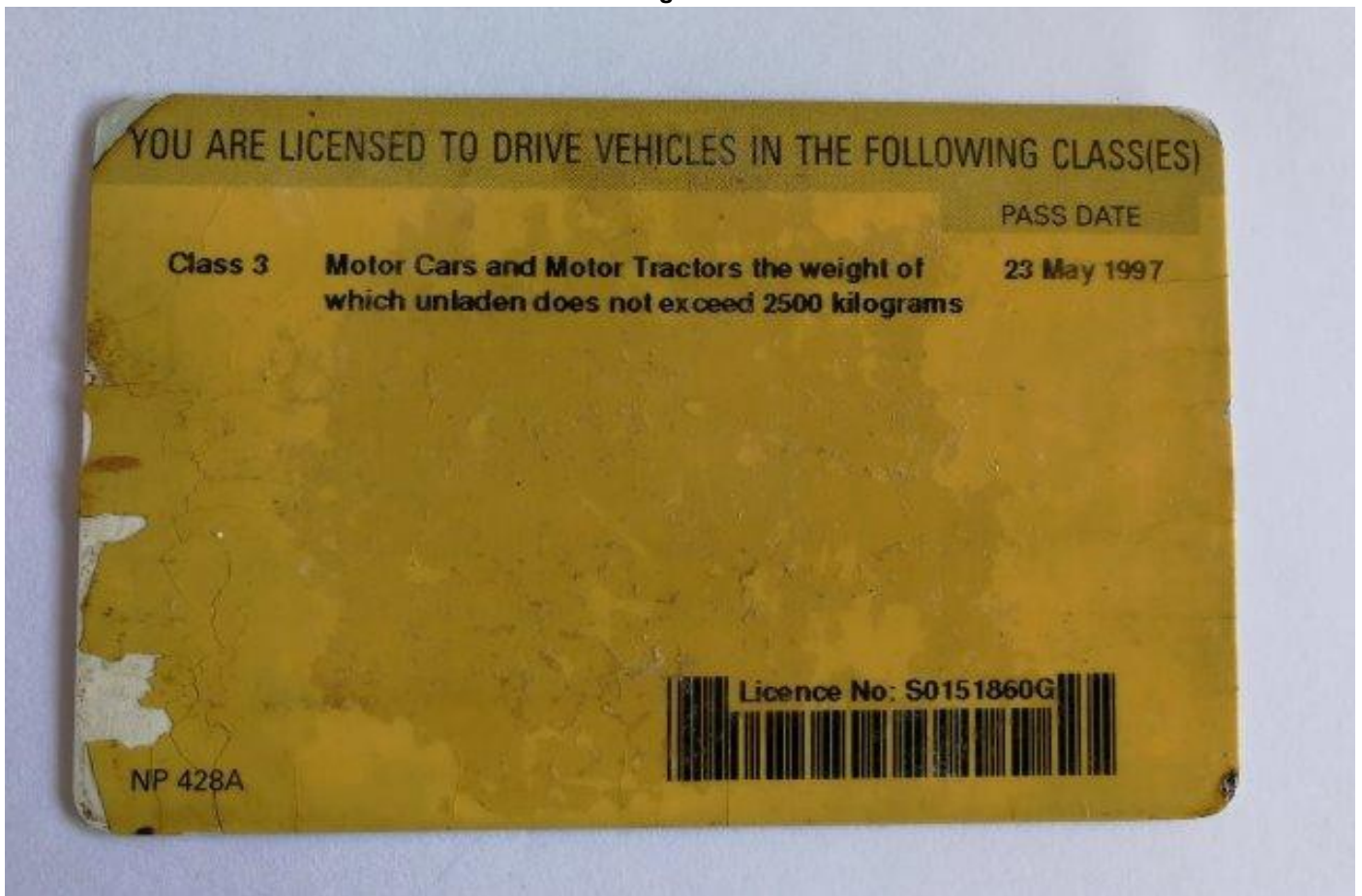
Identification Card



Driving License



Driving License



Scene Photo

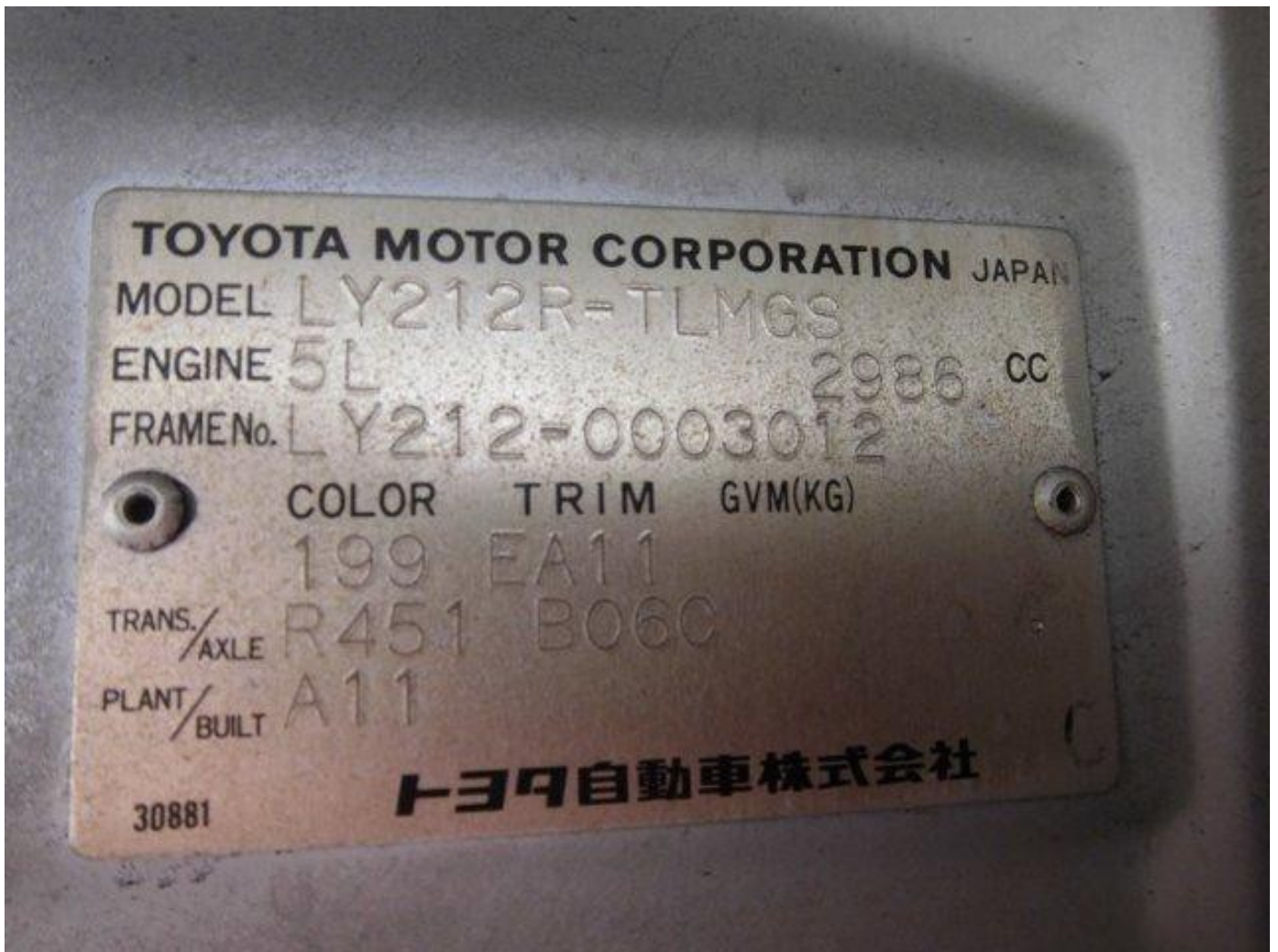


Scene Photo



Scene Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

