

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	17/04/2018 18:15
Date Of Accident	16/04/2018 15:45
Exact Location Of Accident	CHANCERY LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2064H
Insured/Policyholder	
Name Of Registered Owner	SD SOLUTIONS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97779994
Alternative Phone No	OFFICE-97779994

Vehicle Particulars

Manufacturer	KIA
Model	-
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	DMCVSN1700591801
Cover Note Number	

Driver

Name of Driver	TEO TIEN HOCK
Work Permit No	G6817540U
Date Of Birth	13/06/1992
Occupation	INDOOR
Date Of Driving Pass	16/09/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97779994
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	DRIZZLING
Road Surface	WET

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?	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: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER 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

refer attached report.

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	SH7091Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S1190563C
Contact Number	96419672
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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.

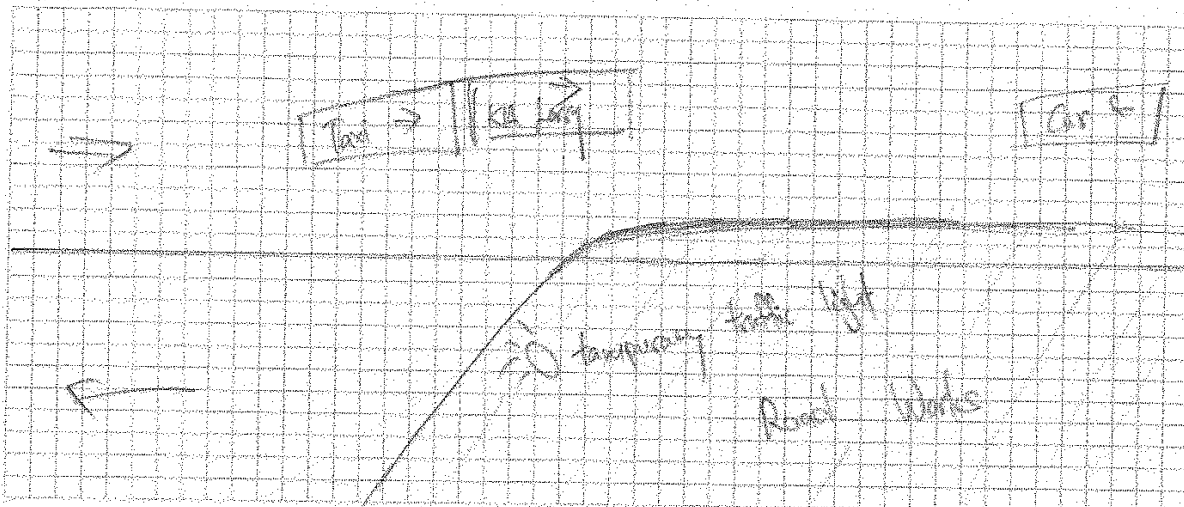
SD SOLUTIONS PTE. LTD.

3 Ang Mo Kio Street 62
Link @ AMK #03-02
Singapore 569139
Tel: 67389873
Fax: 67389521
E-mail: main@sdsolutions.com.sg
Co. Reg. No. 200612755K
Police Reg. No. 200612755K
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Chancery Lane when I saw roadworks ahead on the right side (creating a single lane traffic). There was a temporary traffic light on the right. The light was at green, when I travelled into the single lane, I saw a car coming in the opposite direction.

The worker at the other end of the road works signalled me to give way to the oncoming car.

I stopped my vehicle - check my rear and side view ~~mirrors~~ mirrors. Does not have a sign of car, I reversed and almost immediately I ended into a ~~big~~ taxi (SH7091-Z).

SD SOLUTIONS PTE. LTD.

DECLARATION

Lipk @ AMK #03-02

Singapore 569139

Tel: 67389873

Fax: 67389521

E-mail: main@sdsolutions.com
Co. Reg. No. 300612756K

Co. Reg. No. 2000
GST Reg. No. 2000

Polley, B. D. 1999.

Driver's Signature _____
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature _____


Names:

NBIC/EIN No. *

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

Employer: **SD SOLUTIONS PTE. LTD.**

Sector: **SERVICE**



Name: **TEO TIEN HOCK**


Occupation: **ELECTRICAL ENGINEERING TECHNICIAN**

Work Permit No.: **4 03628301**

Date of Application: **16-04-2013**

Date of Issue: **27-10-2016**

Date of Expiry: **20-12-2018**



L7331178

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G6817540U**

Name: **TEO TIEN HOCK**

Birth Date: **13 Jun 1992**


Issue Date: **16 Sep 2013**

Valid Till: **15 Sep 2018**


VISIT PASS
Immigration Regulations

Name: **TEO TIEN HOCK**



Date of Birth:	Sex:	Nationality:
13-06-1992	M	MALAYSIAN
FIN:	Date of Issue:	Date of Expiry:
G6817540U	27-10-2016	20-12-2018

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)

Class 2B: Motorcycles <= 200 cc	EFFECTIVE DATE
Class 3: Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	16 Sep 2013

16 Sep 2013

NP 429A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

