

## 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	08/05/2018 11:49
Date Of Accident	08/05/2018 08:30
Exact Location Of Accident	TPE LOYANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8921E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGTEL COMMUNICATIONS LIMITED
Co Reg No	199201624D
Email Address	CHOWPENG@SINGTEL.COM
Mobile Phone No	(LOCAL) +65-81295563
Alternative Phone No	OFFICE-63463809

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO-1.3 D JTD (M)

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 THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	NO

Policy Number

Cover Note Number

### Driver

Name of Driver	LIM KOK BENG
NRIC No	S1295395Z
Date Of Birth	04/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81295563

Fax Number

Contact Number

Email Address CHOWPENG@SINGTEL.COM

Address BLK 755, YISHUN STREET 72 #07-252  
Postcode 760755  
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 CHAIN 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? YES  
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) 1

#### 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 TO STATEMENT

#### 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 YP5718A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number S9031785G  
Contact Number 866005095  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJU2705A  
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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBB8921E

Were seat belts worn?

☐ Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

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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. An offence 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.

#### 3. 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:

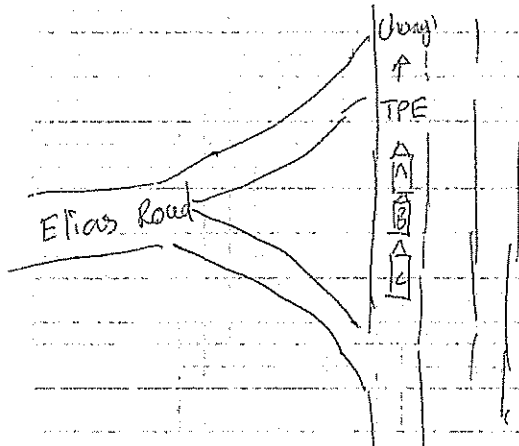
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN



A - SJM 2705A

19-2- GBB 8421 E

C - YP-5718A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A  $\nVdash$  B stop

c hit B from behind causing B moved forward hit A.

Driving straight toward TPE buoy.

At this time, its heavy traffic

Vehicle A & B stationary stopped and

suddenly vehicle C hit my vehicle C and cause

my vehicle move forward and hit vehicle SJU 2705 A.

After the accident, front and back ~~long~~ damaged.

left sliding door cannot ~~be~~ closed properly.

Driver B (GEB 8921 E) MC for 4 days, if anything later must go back to doctor again.

## 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 &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1295395Z

Name  
LIM KOK BENG

Portrait photo

Race  
CHINESE

Date of Birth  
04-07-1958

Sex  
M

Country of Birth  
SINGAPORE

2379743

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1295395Z

Name  
LIM KOK BENG

Birth Date 04 Jul 1958

Issue Date 10 May 2004

Portrait photo

001215612H

2379743

Barcode

NRIC No S1295395Z

Fingerprint

Blood Group O+ Date of issue 12-09-1994

Address  
APT BLK 755 YISHUN STREET 72  
#07-252  
SINGAPORE 2776

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

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jun 1978

NP 428A

Licence No: S1295395Z