

## 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	16/05/2018 10:11
Date Of Accident	15/05/2018 10:10
Exact Location Of Accident	OPEN SPACE CARPARK 8 LORONG BAKAR BATU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9954T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GD EXPRESS ( SINGAPORE ) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90896257
Alternative Phone No	OFFICE-90896257

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5025035791-10
Cover Note Number	

### Driver

Name of Driver	KAMIS BIN MONAPI
NRIC No	S1770388I
Date Of Birth	21/01/1966
Occupation	INDOOR
Date Of Driving Pass	30/10/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-90896257
Fax Number	
Contact Number	OTHERS-90896257
Email Address	NOEMAIL

Address	BLK 357 TAMPINES STREET 33 #05-604
Postcode	520357
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	COLLIDED INTO PARKED VEHICLE
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?	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)	0

#### 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

PLS REFER TO THE ATTACHED 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	YP3500Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG TIEW TONG
NRIC/Passport Number	S1289630A
Contact Number	90563486
Address	STRAITS CARGO EXPRESS PTE LTD
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.

GD Express (Singapore) Pte Ltd (200516110Z)

Blk 8, Lorong Bakar Batu

# 01-05, Singapore 348743

General Line : (65)-6396 5539

Policyholders' Signature: (65)-6396 3280

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

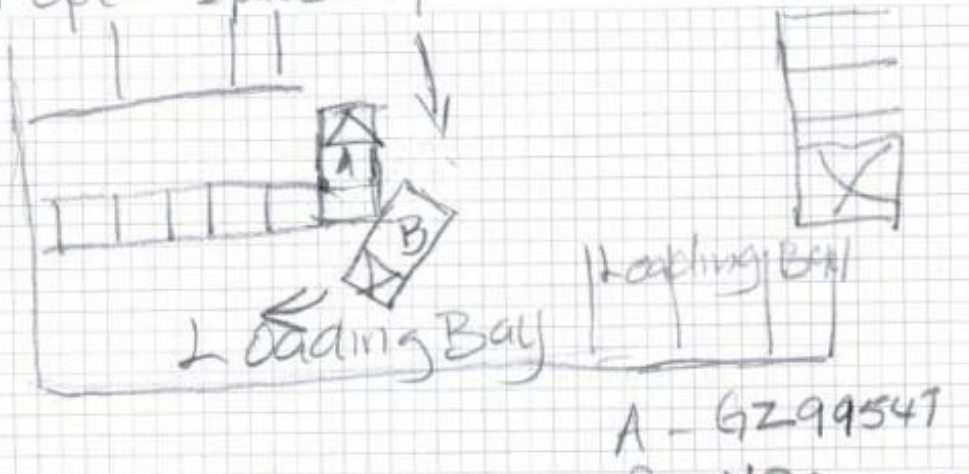
Name:

NRIC/FIN No.:

## Sketch Plan #2

SKETCH PLAN

Open Space Carpark. 8 Lorong Bakar Batu



A - GZ99547

B - YP3500Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was parking at the open space carpark.  
Vehicle B is making a right turn and hit  
on my right side back of padlock.

### DECLARATION

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

BP N, Lorong Bakar Batu  
# 01-65, Singapore 348743  
Contact No: (65) 6396 5539  
Policyholder's Signature: 6396 3280  
Date & Time:

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

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

Q&A MC SketchPlanForm\_V3

Sketch Plan #3

TP

China Operations

Alex Ngai  
倪志伟

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电话 : +86 02036085980  
邮箱 : 2630152849@qq.com  
地址 : 广州市白云区西槎路, 31号西城河  
德仓库J座1004室,  
(华顺官大酒楼旁) 邮编: 510407



**Straits Cargo**

**Straits Cargo Express Pte Ltd**  
海峡快运私人有限公司

S H Tay  
戴顺兴

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28, Kallang Place,  
#03 - 09,  
Singapore 339158

China Office  
No. 31, XiCha Road, #01-1004,  
Block J West City Tongde Warehouse,  
Bai Yun District, Canton, China 510407



Accident Photo



Accident Photo



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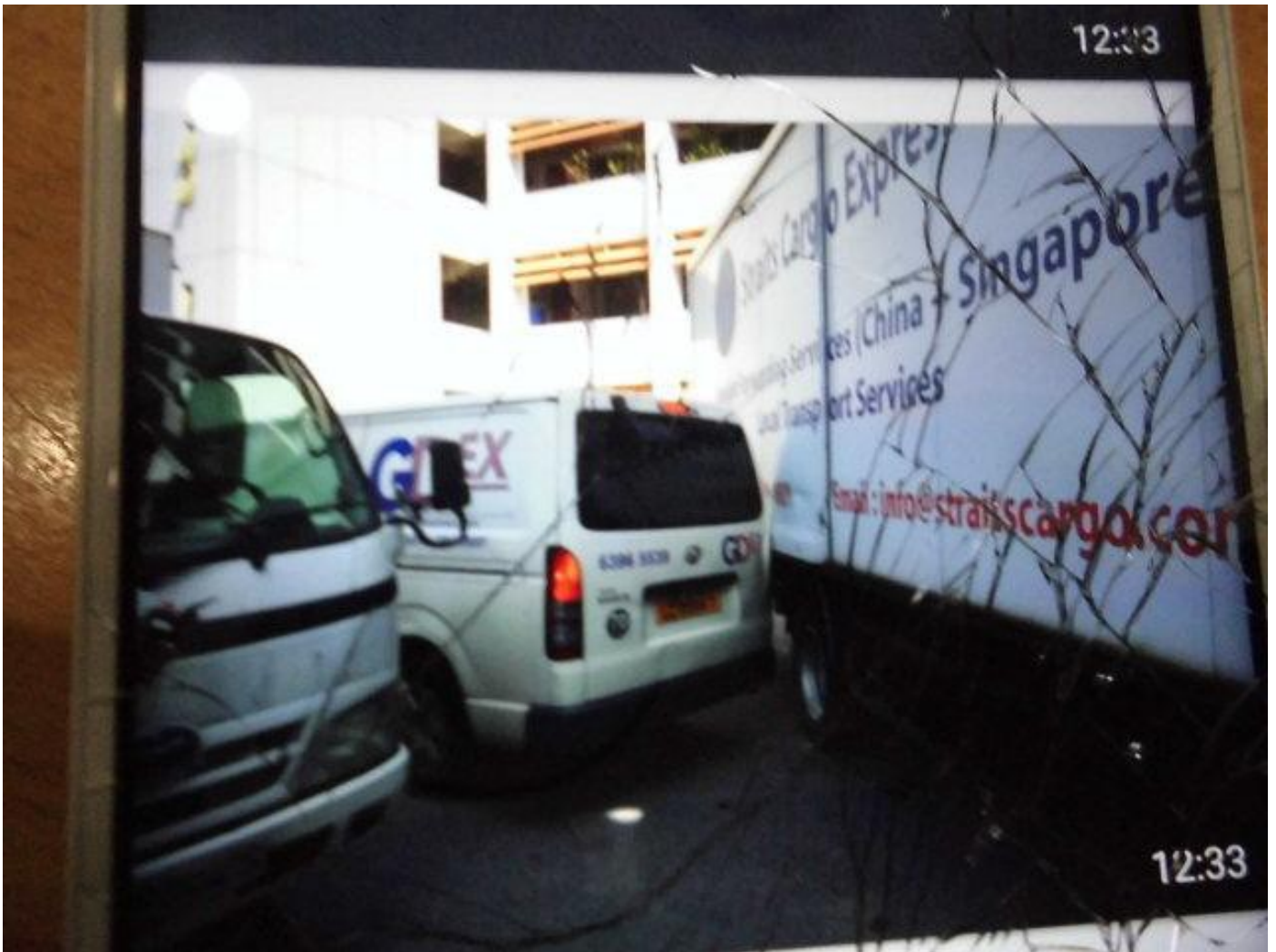


Accident Photo





Accident Photo

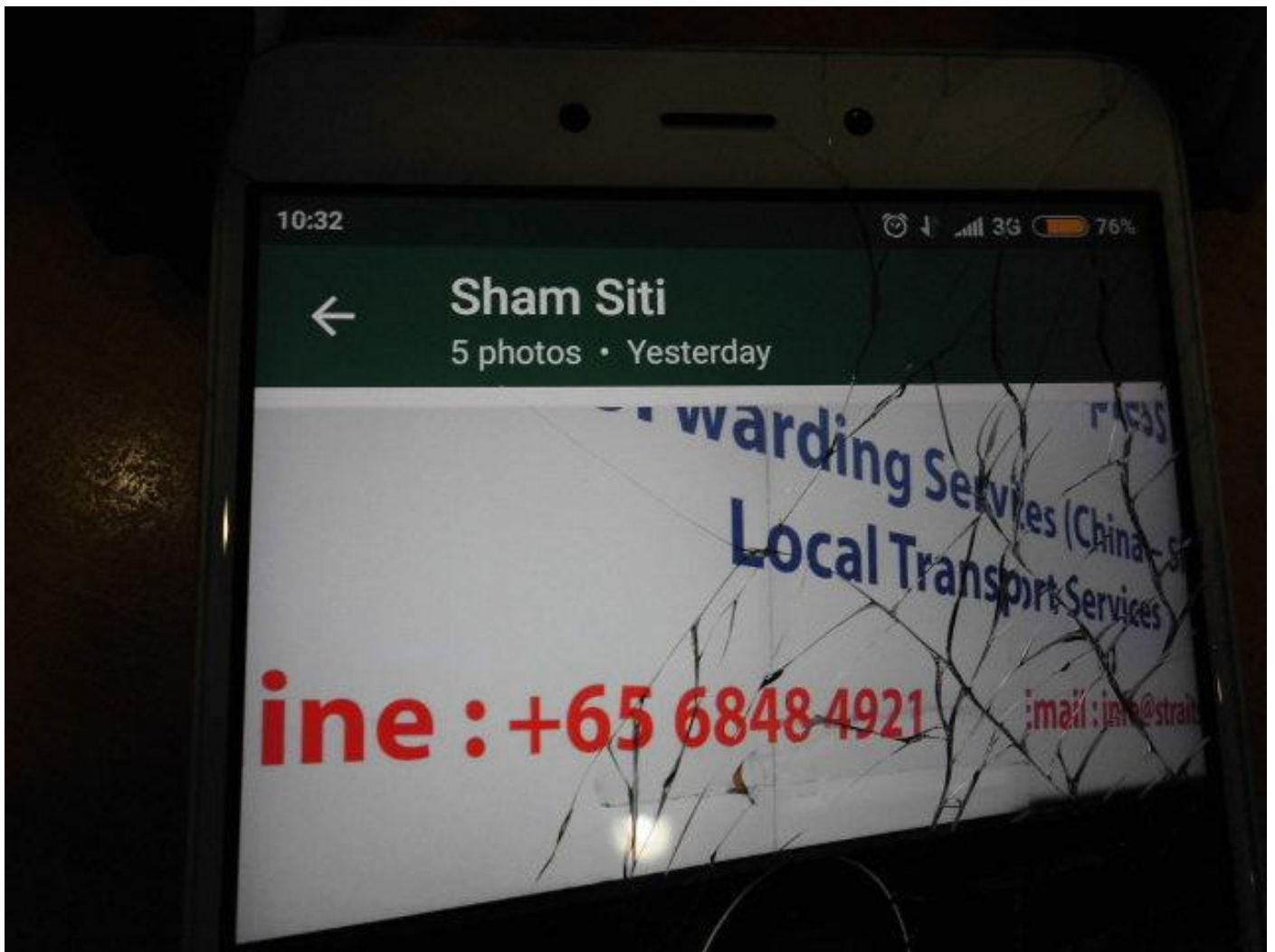




Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665300206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118063598 Vehicle Registration No: GZ9954T  
Name (as shown in NRIC) : KAMIS BIN MONAPI NRIC/FIN/Passport No : S1770388I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 357 TAMPINES STREET 33 #05-604 Singapore (S2035)  
Contact (Tel) : — Mobile No.: 90896257  
Email Address : NOEMAIL  
Date of Accident : 15/05/2018 Time of Accident : 10:10  
Place of Accident : OPEN SPACE CARPARK 8 LORONG BAKAR BATU  
Insurance Company: NTUC Income Insurance Co-operative Ltd.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the Sketch Plan.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 16/5/2018