

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	24/05/2018 15:07
Date Of Accident	23/05/2018 17:25
Exact Location Of Accident	DAIRY FARM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3553L
Insured/Policyholder	
Name Of Registered Owner	M/S JOE LI ELECTRICAL INDUSTRIES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81893773
Alternative Phone No	OFFICE-62933433

Vehicle Particulars

Manufacturer	MITSUBISHI
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3008671800
Cover Note Number	

Driver

Name of Driver	TAN GEK CHUI
NRIC No	S2572484D
Date Of Birth	26/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1989
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81893773
Fax Number	
Contact Number	OFFICE-81893773
EEmail Address	NOEMAIL

Address	BLK 107 TOWNER ROAD #04-352
Postcode	321107
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	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)	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

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	21920MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	OLANO IRVIN MELENDRES
NRIC/Passport Number	S9573928H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.



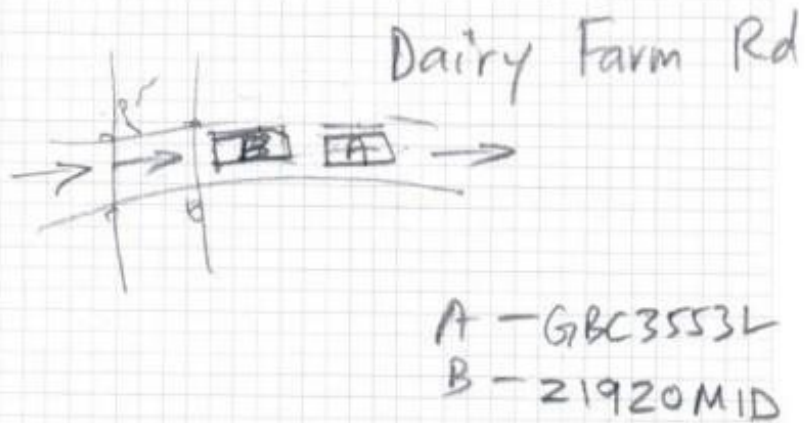
Policyholder's Signature
Date & Time:

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

24/5/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Dairy Farm Rd.
When Vehicle A slow down suddenly Vehicle B
hit on Vehicle A rear portion.

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:

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

24/5/2018

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2572484D



Name
TAN GEK CHUI
陳 玉 水
Race
CHINESE
Date of Birth
26-07-1965
Sex
M
Country of Birth
MALAYSIA

Barcode: 002293424K

Malaysian Fingerprint

Nationality
MALAYSIAN
Date of Issue
23-05-2011

Address
APT BLK 107 TOWNER ROAD
#04-352
SINGAPORE 321107

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2572484D

Name
TAN GEK CHUI

Birth Date 26 Jul 1965
Issue Date 14 Apr 2014

Barcode: 002293424K

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	26 Jun 1987
Class 3	Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	30 Dec 1989

NP 428A

License No: S2572484D

PROCEDURE TO FOLLOW AFTER ACCIDENT INVOLVING
BETWEEN MINDEF AND CIVILIAN VEHICLES

Dear Potential Claimant,

We refer to your vehicle no. 68C3553L involving MID 21920MID on 23/5/18

In order to speed up the claim process, we would appreciate if you could follow the procedure:

1. To contact LKK Auto Consultant Pte Ltd (L.L.P) immediately after the accident and provide all claim document to LKK.
2. LKK claims staff will liaison with you for the claim procedure.

If you have any enquiry, please contact us at Tel no: 6256 3561 (Ext. 101 & 115) / Fax: 6841 6315.

Motor Claims Section
LKK Auto Consultant Pte Ltd
51 Ubi Avenue 1, #01-25 Paya Ubi Industrial Park S(408933)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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