

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	04/06/2018 14:13
Date Of Accident	01/06/2018 14:30
Exact Location Of Accident	CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8386A
Insured/Policyholder	
Name Of Registered Owner	TANGLIN CORPORATION PTE LTD
Co Reg No	197800396E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91373839
Alternative Phone No	OFFICE-68841700

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY-2.0 D (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	WONG KIN SOON
NRIC No	S1355909J
Date Of Birth	08/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	30/07/1979
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94352688
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	38 CASSIA DRIVE
Postcode	289728
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

REFER TO THE SKETCH PLAN

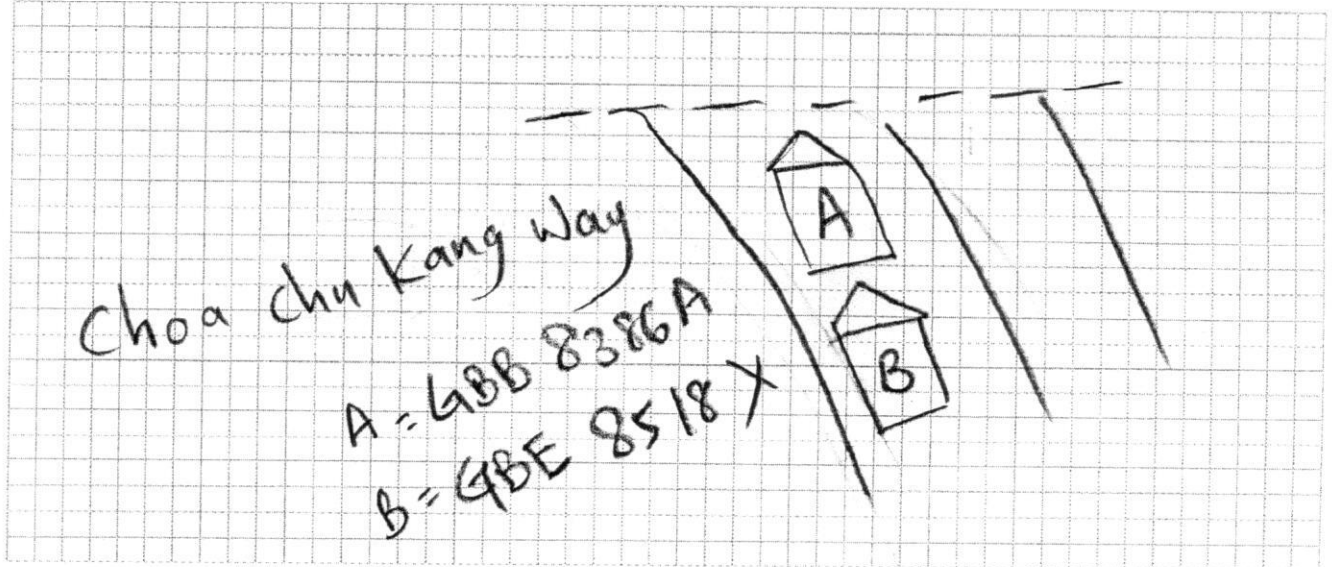
Attachment(s)

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	GBE8518X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle(A) GBB 8386 A along Choa Chu Kang way.

I had stopped my vehicle at the stop line, suddenly a vehicle (B) from behind hit onto the rear of my vehicle causing damages to it. I am claiming Third party against GBE 8518 X insurance policy.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

IMPORTANT NOTICE

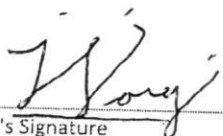
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:


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

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

Register New Vehicle

Page 1

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.	GUBB386A		
Vehicle Type	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Scheme	Normal
Vehicle Attachment 1	No Attachment		
Vehicle Attachment 2	-	Vehicle Attachment 3	-
Vehicle Make	VOLKSWAGEN	Vehicle Model	CADDY 2.0
Chassis No.	WV1ZZZ2KZ9X126368	Engine No.	BST0095479
Motor No.	-	Trailer Chassis No.	-
Propellant	Diesel	Passenger Capacity	1
Engine Capacity	1000 cc	Power Rating	-
Unladen Weight	1400 kg	Maximum Laden Weight	2205 kg
Primary Colour	Gray	Secondary Colour	-
First Registration Date	21 May 2010	Original Registration Date	21 May 2010
Manufacturing Year	2009	Open Market Value	\$23,695.00
PARF Eligibility	No	Minimum PARF Benefit	\$0.00
No. of Transfers	0		

Owner Particulars

Owner Name	TANGLIN CORPORATION PTE LTD
Owner ID Type	Company
Owner ID	197800396E
Registered Address Type	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.	23
Registered Street Name	SUNGEI KADUT STREET 2
Registered Unit No.	-
Registered Building Name	-
Registered Postal Code	729248
COE No. / Expiry Date	2010050105000304N / 20 May 2020
COE Bid Category	C - Goods Vehicle & Bus
QP Paid	\$35,656.00

Transaction Details

Business Transaction Ref. No.	20100521105411956737
Business Transaction Date	21 May 2010
Business Transaction Time	10:54:11

Message

The above vehicle has been successfully registered.