

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	07/06/2018 13:30
Date Of Accident	06/06/2018 18:00
Exact Location Of Accident	BISHAN ROD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6711G
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Insured/Policyholder

Name Of Registered Owner	SHANGHAI HUP SENG WOODCRAFT & CONSTRUCTION FACTORY
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98339786
Alternative Phone No	OFFICE-98339786

Vehicle Particulars

Manufacturer	TOYOTA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S019335
Cover Note Number	

Driver

Name of Driver	GOEI EK HWA
NRIC No	S0472178J
Date Of Birth	28/02/1946
Occupation	INDOOR
Date Of Driving Pass	28/10/1975
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98339786
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 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? 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) 4
 Passenger 1
 NAME: : WORKER
 GENDER: : MALE
 Passenger 2
 NAME: : WORKER
 GENDER: : MALE
 Passenger 3
 NAME: : WORKER
 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 PC1143J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 Name of Driver
 NRIC/Passport Number S1211494Z
 Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FT3155R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver TENG KAM CHOY
NRIC/Passport Number S2531992C
Contact Number 81981173

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGP996J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver HENRY YUEN PENG YI
NRIC/Passport Number S0697767G
Contact Number

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.

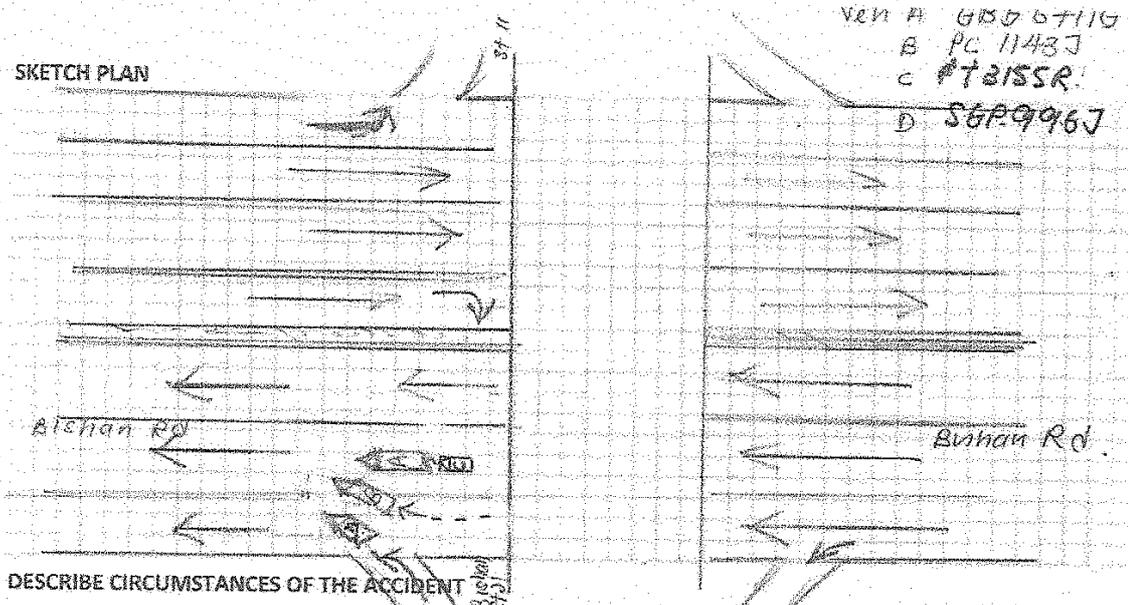
上海合成木器建築工程
SHANGHAI HUP SENG WOODCRAFT
& CONSTRUCTION FACTORY

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 #2 Pg. 1



Veh A 4556711G
 B PC 1143J
 C #72155R
 D SGR996J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bishan Rd, after crossing over the junction. Suddenly veh B swerved into my lane abruptly and hit onto my left front of my Veh A. Later another impact from my rear caused by Veh C. After I align my vehicle, I understand from Driver of Veh B that it was veh D had swerved out from Slip Rd of Bunhan St 11 that collided on his Veh B. That all!

DECLARATION

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

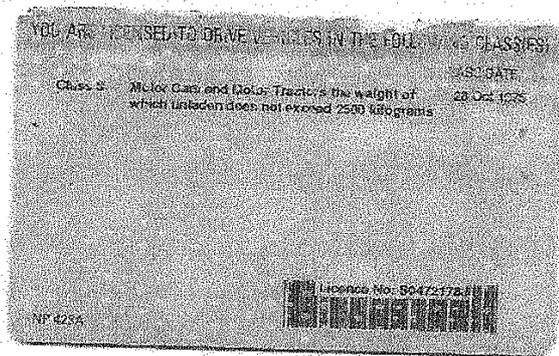
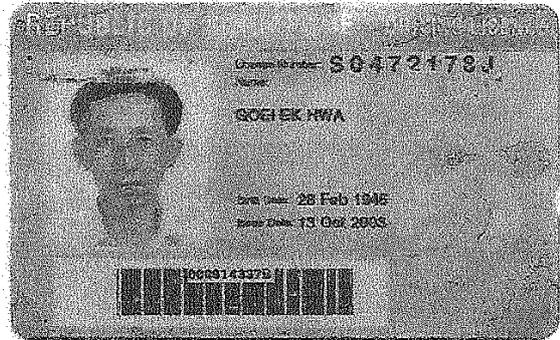
上海合成木器建筑工程
 SHANGHAI HUP SENG WOODCRAFT
 & CONSTRUCTION FACTORY

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:

Sketch Plan #3 Pg. 1



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

