#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	25/06/2018 14:42
Date Of Accident	23/06/2018 15:30
Exact Location Of Accident	BLK 117 ALJUNIED AVE 2 CARPARK(INFRONT HAWKER CTR)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8361A
Insured/Policyholder	
Name Of Registered Owner	M/S SIN TIEN HWA RADIO & TV SERVICES
Co Reg No	22344900L
Email Address	SINTIENHWA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94565486
Alternative Phone No	OFFICE-94565486
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3023331800
Cover Note Number	
Driver	
Name of Driver	TAN CHEE KHOON (CHEN ZHIQIN)
NRIC No	S7339048F

NRIC No S7339048F
Date Of Birth 25/12/1973
Occupation OUTDOOR
Date Of Driving Pass 25/08/1992

Driving Experience 25 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94565486

Fax Number

Contact Number OTHERS-94565486

EMail Address SINTIENHWA@GMAIL.COM

Address 163 ELLINGTON SQUARE

Postcode 569015

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

-

2

NO

NO

2

NO

NO

**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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHIA JOO HOCK

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GV5290Y

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)

#### Accident 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 disc ose 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.

SIN THEN HAVE RUDING SITE STEPSOO BLK 728, \$01-9210 & 4212 ANG MO KIO AVENUE 560728 TEL: 6458 0500 / 6459 5824

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Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

assorting Centre Benganners Signature
Name:
NRIC/FIN No.: HOLL WANTA

#### **Accident Sketch Plan**

SKETCH PLAN	
A = GBF8361A  B = GV 5290 Y  Block 117  Aljunized Avenue 2  Car park  (Jufrout Hawker Co	
	Refer to attach
1	
/	
/	
SIN TIEN HWA PADIO & TV SERVICI BLK 728, 201-4210 & 4212 ANG MO KIO AVENUE 560728	25/06/2018
PELSONERS SEED & S. S. S. S. S. Driver Date & Time: (If dri	r's Signature Reporting Centre Bersonnel & Signature Name: Name: NRIC/FIN No.: Logic WHHMS

#### **ATTACHMENT**

On 23.06.18 at about 15:30 hours at along Block 117 Aljunied Avenue 2 car park (In front Hawker Center). I stopped my vehicle while waiting for the queue to exit from the car park entrance.

Suddenly my front vehicle (GY5290Y) reversing backwards to my vehicle and collision on my front portion of my vehicle causing damages to my vehicle. I wish to state that I have one passenger inside my vehicle.

Pople workers

My lorry: GBF8361A

3<sup>rd</sup> party lorry: GV5290Y

新天華無線電筒行 SIN TIEN HWA RADIO & TV SERVICE BLK 728, #01-4210 & 4212 ANG MO KIO AVENUE 560728 TEL: 6458 0500 / 6459 5924



GBF8361A driver





GBF8361A

















