

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	23/07/2018 10:22
Date Of Accident	09/07/2018 07:30
Exact Location Of Accident	JALAN BERSA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1906E
Insured/Policyholder	
Name Of Registered Owner	RENNER PIANO CO. PTE LTD
Co Reg No	01529400E
Email Address	HOZEN@RENNER.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63370216

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1654251701
Cover Note Number	

Driver

Name of Driver	HO SHIEN FOON
NRIC No	S0015058D
Date Of Birth	06/02/1949
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1971
Driving Experience	47 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96571912
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	5 CHEMPAKA AVENUE
Postcode	349614
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PARTNER
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	2
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)	2
Passenger 1	NAME: : KHET WAI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I STOPPED MY LORRY AT THE ROAD SIDE. VEHICLE B(SKD9330L) COLLIDED ONTO REAR PORTION OF MY VEHICLE. I CAME OUT OF MY VEHICLE AND FOUND THAT THERE WAS NO DAMAGES TO BOTH VEHICLES.

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	SKD9330L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

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 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.

RENNER PIANO CO. PTE. LTD.
#01-09, #01-10 Peace Centre
No. 1 Sophia Road, Singapore 228149
Tel: 63370216 / 63363392 / 63368396
Fax: 63368396

Policyholder's Signature

Date & Time: 23/7/18
1005hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time: 20/7/18

Reporting Centre Personnel's Signature

Name: Cassandra
NRIC/FIN No.:



Accident Sketch Plan

SKETCH PLAN

DOA: 09-07-2018
A: GBE 1906E
B: SKD 9330L

Salah Bersa

A

B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I STOPPED MY Lorry AT THE ROAD SIDE

VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

I CAME OUT OF MY VEHICLE AND FOUND THAT THERE WAS NO DAMAGES TO BOTH VEHICLES.

DECLARATION

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

聯華琴行
RENNER PIANO CO. PTE. LTD.
#01-09, #01-10, Peace Centre
No. 10, Sophia Road, Singapore 226149
Tel: 63370218 / 63383302 / 63368396
Fax: 63368396

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

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

Police Report

Annex D

NOTICE OF REPORTING

This is to confirm that Ilo Shien Foon, NRIC/FIN

S0015058D, has reported to the Police a non-injury traffic accident which

Occurred along Jalan Bersa on 09/07/2018 at 0730 hrs
involving the following vehicles:

1. GBE1906E (Complainant's vehicle) C/N: 9657 1912
2. SKD9330L (Other party, Complainant does not know the name) C/N:
no contact number

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) Tan Yilong

Date: 20/07/2018 Time: 1426hrs

S/D Ref: 12

Police Post/Unit: Aljunied NPP

Aljunied NPP
Blk 13 Joo Seng
#01-69 S:360013
Tel: 62809999

Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S0015058D**
Name
HO SHIEN FOON

Birth Date **06 Feb 1949**
Issue Date **13 Jan 2014**



002265234D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0015058D**



Name
HO SHIEN FOON

贺 盛 峰

Race
CHINESE

Date of birth
06-02-1949

Country/Place of birth
SINGAPORE

Sex
M



Driving Licence

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

EFFECTIVE DATE 22 Feb 1971

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg

Licence No: S0015058D

NP 428A

5264113

NRIC No. S0015058D

Date of issue 14-01-2014

Address
5 CHEMPAKA AVENUE
SINGAPORE 349614

Accident Photo



CHASSIS NO: JN1SC2F24Z0857486

U.L.W : 2240 KGS

M.L.W : 3500 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00

TYRE SIZE : F: 175 x 80R 15PLY
R: 155 x 13R 8PLY (D)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

