

## 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 10/08/2018 17:23  
Date Of Accident 08/08/2018 22:35  
Exact Location Of Accident SEMBAWANG RD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD2564G  
**Insured/Policyholder**  
Name Of Registered Owner E'DESIGN & COURIER SERVICES  
Co Reg No 53165659D  
Email Address ESANDNC@GMAIL.COM  
Mobile Phone No  
Alternative Phone No OFFICE-90617003  
**Vehicle Particulars**  
Manufacturer NISSAN  
Model NV350 PANEL VAN 2.5 5MT 5DR EURO V  
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL USE  
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 DMCVSN1767261700  
Cover Note Number 17/11/17-16/11/18

### Driver

Name of Driver LEONG WEE KIAT  
NRIC No S7137319C  
Date Of Birth 28/09/1971  
Occupation INDOOR  
Date Of Driving Pass 17/02/1992  
Driving Experience 26 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81613603  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address	BLK 275 YISHUN ST 22 #10-128
Postcode	760275
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?	
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)	5
Passenger 1	NAME: : ESTHER GENDER: : FEMALE
Passenger 2	NAME: : DARREN GENDER: : MALE
Passenger 3	NAME: : DAMIEN GENDER: : MALE
Passenger 4	NAME: : DAMIEN'S GF GENDER: : FEMALE

#### 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

VEHICLES AHEAD HAVE ALREADY STOPPED DUE TO RED TRAFFIC LIGHT . THE NEXT MOMENT I FELT AN IMPACT ON THE REAR. I THEN REALIZED M/CAR(B) HIT ONTO THE BACK OF MY VEHICLE. I GOT 4 PASSENGERS. NO ONE WAS INJURED.

#### 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	SLN5447X
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

PRIVATE CAR

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.:

INSURER

DATE & TIME:

720 2564 6

Ching

8/2/18

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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

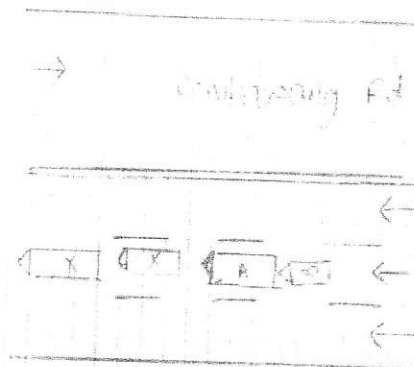
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

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

# Sketch Plan #2

## SKETCH PLAN

A - 29646  
B - SLN 5447X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle ahead have already stopped due to red traffic light. The next moment I felt an impact on the rear. I then realized m/co. (B) hit on the back of my vehicle. I got 4 passengers. No one was injured.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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:

☐ Claim Own Policy    ☐ Claim Third Party    ☐ Reporting Only  
☒ Claim OD/T/P at other workshop

Date: 10/08/2018

To: Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Leong Wai Kiat  
 NRIC/FIN S+137319/C, our employee / employee of E'design & Courier Services  
 to drive our m/vehicle no. CB02564 A

and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
 Only) which occurred on (date) 08/08/2018 @ (time) 10:35 - 10:45 PM  
 along (location) Seahoon Road heading Uluhan Ave B

\* Relationship between Insured and driver's company: Company

Thank you.

Regd



\* SIGN & STAMP at the above \*

Name of Owner: Tan Sam Sam  
 NRIC / ROC: 37607621/J (ROC 53165537 D)  
 Contact No: 9664663  
 Email: seem.doe@gmail.com

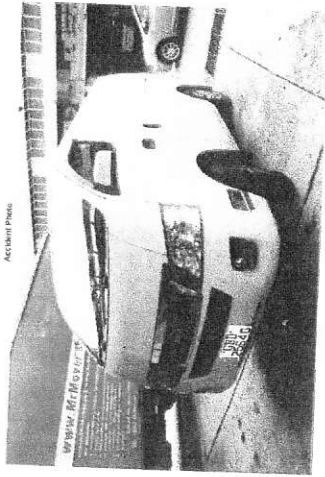
Sketch Plan #4



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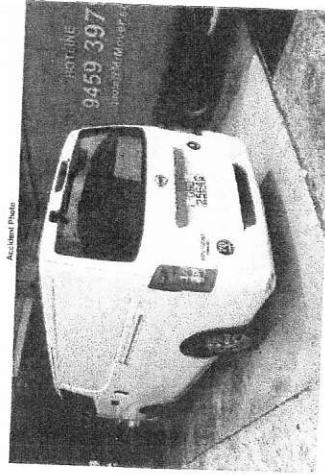
Accident Photo



Accident Photo



Accident Photo



Accident Photo

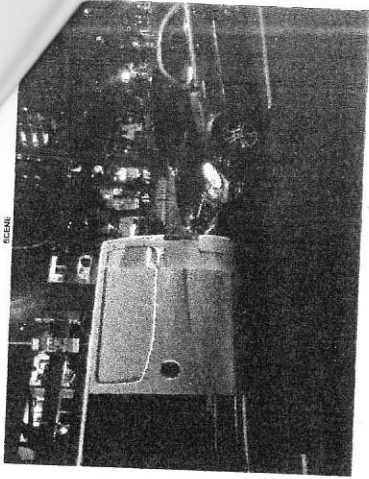


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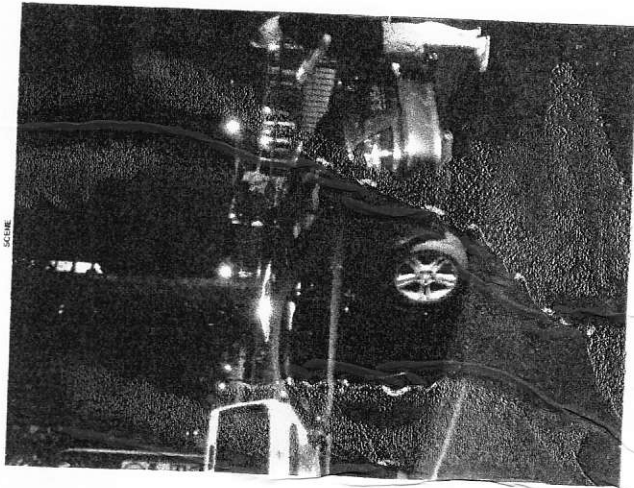


Accident Photo

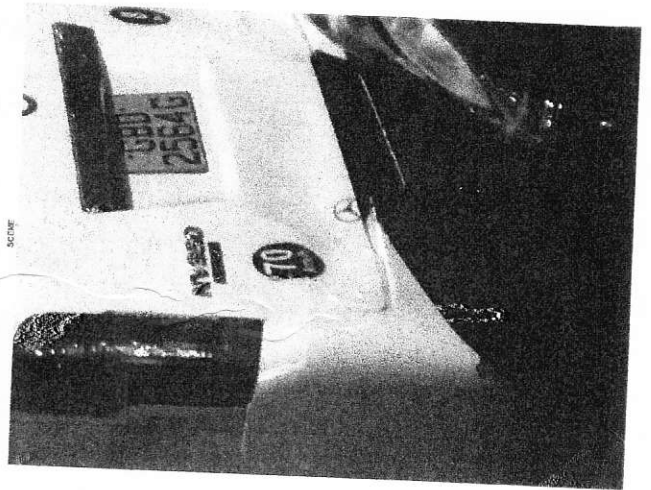




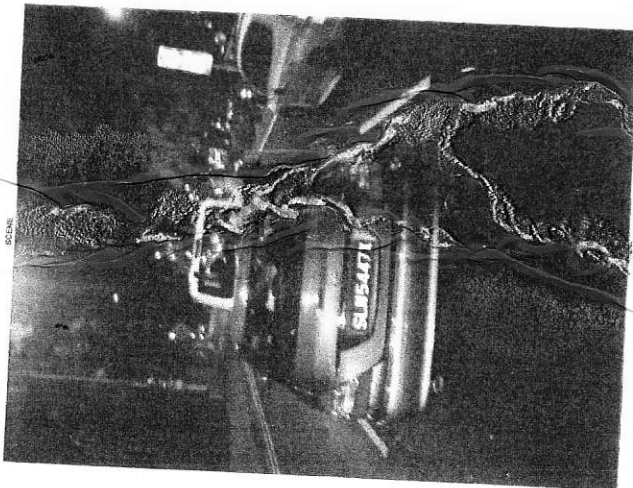
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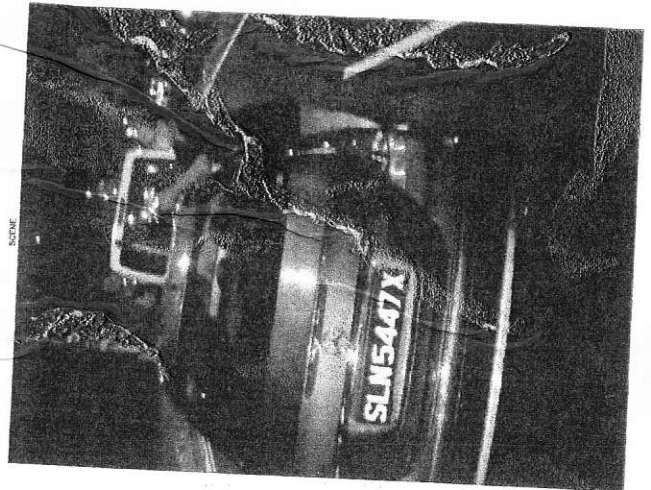
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