

## 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	29/08/2018 14:24
Date Of Accident	29/08/2018 12:15
Exact Location Of Accident	COLEMAN LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP465L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IDM APPAREL PTE LTD
Co Reg No	200500451H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83586188
Alternative Phone No	OFFICE-83586188

### Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095952672
Cover Note Number	

### Driver

Name of Driver	LIU YONGHUI
Passport No/FIN	G2979153N
Date Of Birth	05/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83586188
Fax Number	
Contact Number	OTHERS-83586188
Email Address	NOEMAIL

Address	IDM APPAREL PTE LTD
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	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBG879X
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

### 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.



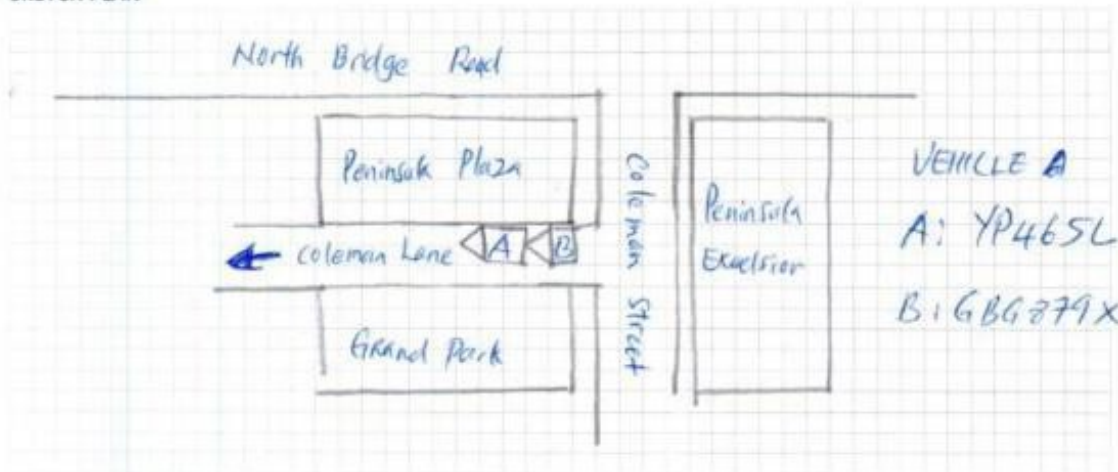
Policyholder's Signature  
Date & Time:

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



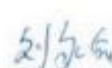
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

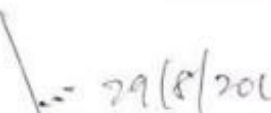
I Vehicle A (YP465L) was stationary at Coleman Lane for loading and unloading. After unloading goods, I was waiting in my vehicle. Suddenly I feel an impact on my rear vehicle. When I coming down from my vehicle, I saw vehicle B (GGG879X) was hit my rear vehicle left side. That time weather was sunny and road condition was dry. There is no ~~any~~ injuries involve.

### DECLARATION

I/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.:

# PIA PRO-LINK INSURANCE AGENCY

Blk 153 Bukit Batok Street 11 #02-294 Singapore 650153  
Tel: 6567 5589 Fax: 6567 4460

20050045171

## Debit Note

GST Reg No. 53020782J

Name : IDM APPAREL PTE LTD

Debit Note No : 26766

Address : NO 51 #03-04 UBI AVE 1 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Debit Note Date : 20-11-2017

Insured Location :

NCB : 0

SDD : 0

Type of Policy : COMMERCIAL VEHICLE

Policy No : 5095952672

Vehicle No : YP465L

Period from : 16-12-2017 To : 15-12-2018

Sum Insured / Benefits : \$0.00

### Amount Due

Premium : \$1,565.87

GST : \$109.61

Gross Premium : \$1,675.48

Discount : (\$0.00)

Please pay this amount : \$1,675.48 as soon as possible.

PAID  
T-T #1 24/11/17  
\$1600.00

Prolink Insurance Agency

Please make crossed cheque payable to PROLINK INSURANCE AGENCY

BLK 153 BT BATOK STREET 11 #02-294 SINGAPORE 650153

TEL: 6567 5589, FAX: 6567 4460

Please ignore this debit note if payment has been made.

Name : IDM APPAREL PTE LTD

Debit Note No : 26766

Code : 10000016

Debit Note Date : 20-11-2017

Insurance Company : NTUC INCOME

Code No : 8002

Nett Premium (Stamp Duty inclusive) : \$1,675.48

This is not a Tax Invoice. The insurance company's tax invoice is attached or will be sent to you shortly.



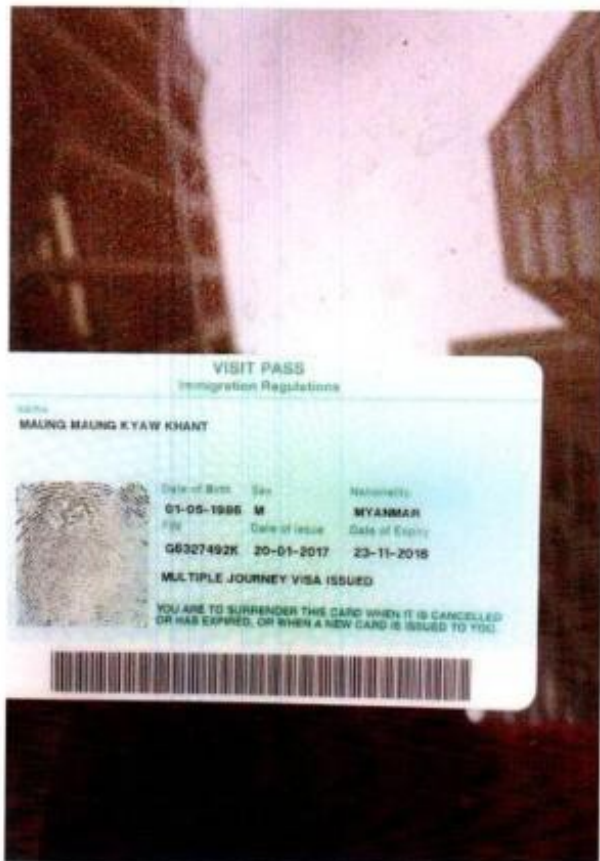
Sketch Plan #4



DATE: 24 August 2018 12:15pm



Sketch Plan #5



DATE: 28 August 2018

12:15 pm

Sketch Plan #6

DATE: 29 August 2018 12:15 pm





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

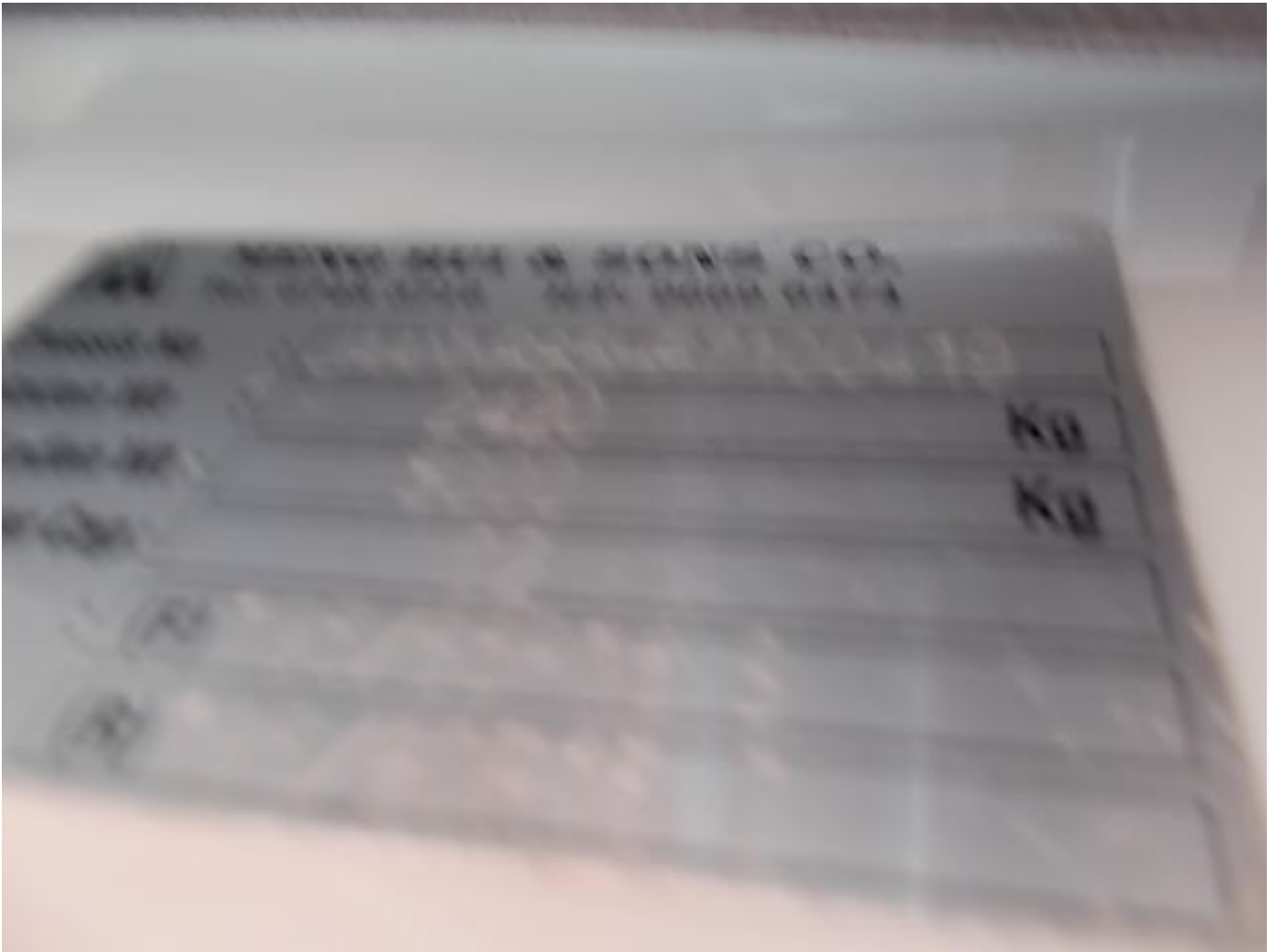




Accident Photo



Accident Photo



Accident Photo

**MENG HUI & SONS CO.**  
TEL: 6748 3716 HP: 9669 6474

Chassis No	: J11N485HF-7100419	
Unladen Wt	: 2420	
Max Laden Wt	: 5000	Kg
Max Trailer Wt	: 02	
Max Trailer Wt	: (F) 12/55P15S	
Max Trailer Wt	: (R) 12/55P15S	

Accident Photo

**MENG HUI & SONS CO.**  
Tel: 6748 3716    HP: 9669 6474

Chassis No : UJANNR85HF7100419

Unladen Wt : 2420 Kg

or Laden Wt : 5000 Kg

Eng Cap: 02

: (F) 130/85R16 3

(R) 165/80R15 3