

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 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	02/09/2014 17:21
Date Of Accident	02/09/2014 07:50
Exact Location Of Accident	INTO PSA GATE 2 (AFTER THE GATE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9368K
Insured/Policyholder	
Name Of Registered Owner	HUP HOE TRANSPORT
Co Reg No	27577800B
Vehicle Particulars	
Manufacturer	NISSAN
Model	CKB45ABTN2-12.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	TO COLLECT GOODS
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	SHC Insurance Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	DMCV13S020453
Cover Note Number	

Driver

Name of Driver	EU TAI SOON
NRIC No	S0154045I
Date Of Birth	15/06/1949
Occupation	Outdoor
Date Of Driving Pass	31/08/1978
Driving Experience	36 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-85565557
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 655B JURONG WEST STREET 61 #15-538
Postcode	642655
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 Unknown - TP HIT INSURED
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

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 TO SKETCH PLAN.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD3809J
Vehicle Make/Model/Colour TRB6865J (TRAILER)
Details Of Properties
Name of Driver MOHAMED SALLEH BIN YUSOFF
NRIC/Passport Number S1197278J
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

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.


Policyholder's Signature / Date & Time

Sketch Plan


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

Witnessed by Reporting Centre Personnel

PLEASE REFER TO SKETCH PLAN.

Sketch Plan Pg.2


Describe Circumstances of the Accident

I WAS DRIVING IN PSA COMPOUND AND SLOWLY GOING TO MAKE A LEFT TURN WHEN I SAW SOMETHING (AN IMAGE) FROM MY WING MIRROR COMING VERY FAST. I STOPPED BUT VEHICLE B CAME VERY CLOSE TO ME AND CONTINUED TO OVERTAKE ME. I HONKED HIM BUT HE STILL CONTINUE MOVING AND DRAGGED MY FRONT BUMPER OUT. MY VEHICLE SUFFERED DAMAGE ON THE RIGHT FRONT PORTION. THE CONTAINER HIT MY VEHICLE. HE SHOULD NOT OVERTAKE ME AS IT'S A ONE LANE ONLY.


CONTAINER NUMBER : NYKU 581359X.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

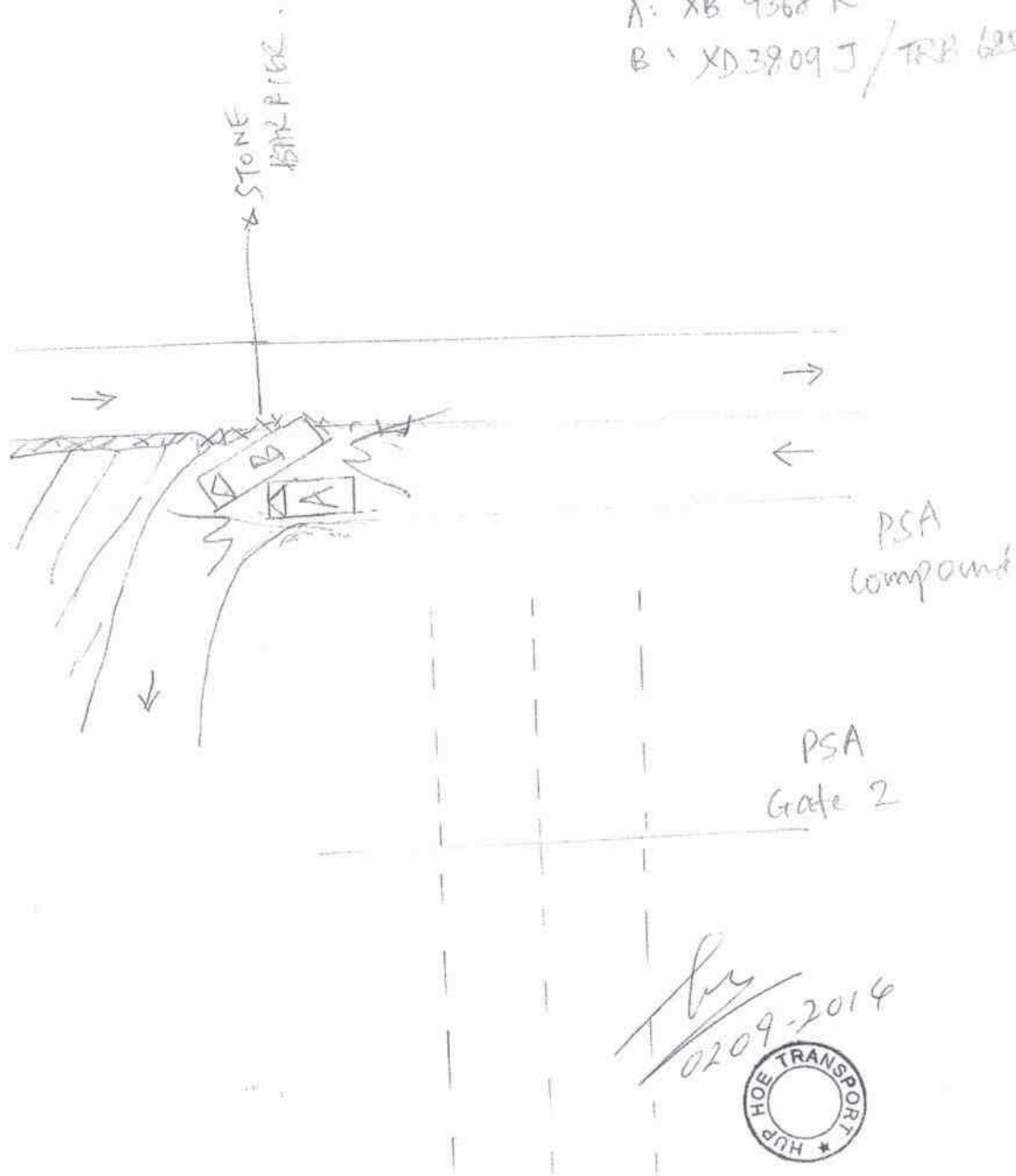



Driver's Signature (If driver is not the policyholder) / Date & Time

7/9/14

Witnessed by Reporting Centre Personnel

A: XB 9368 K
B: XD3809 J / TRB 6256 J



Text size + -

Enquire PARF/COE Rebate for Registered Vehicle
Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 27577800B

Vehicle Details

Vehicle No.: XB9368K
Vehicle to be Exported: No
Intended De-registration Date: 02 Sep 2014
Vehicle Make: NISSAN
Vehicle Model: CKB45ABTN2
Primary Colour: Yellow
Secondary Colour: Red
Manufacturing Year: 2004
Engine No.: PF6167544C
Chassis No.: CKB45ABT00405
Maximum Power Output: -
Open Market Value: \$62,474.00
Original Registration Date: 30 Dec 2004
First Registration Date: 30 Dec 2004
Transfer Count: 0
Actual ARF Paid: \$3,124.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Mar 2017
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$86.00
COE Rebate Amount: \$22.00
Total Rebate Amount: \$22.00

The information contained herein is correct as at 02 Sep 2014

OK

Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.
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