

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 liability.
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	09/10/2018 14:10
Date Of Accident	08/10/2018 16:40
Exact Location Of Accident	SCOTTS ROAD TOWARDS STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6448H
Insured/Policyholder	
Name Of Registered Owner	EVERTECH BUILDERS AND SERVICES
Co Reg No	52817934M
Email Address	JTECHRIGHT@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91545190

Vehicle Particulars

Manufacturer	OPEL
Model	VIVARO VAN
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	DMCVSN3009391803
Cover Note Number	

Driver

Name of Driver	ER LEE HOCK
NRIC No	S7407899J
Date Of Birth	28/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/07/1993
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91545190
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 334 HOUGANG AVENUE 5 #03-254
Postcode	530334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	WET

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)	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

I WAS TRAVELLING ALONG SCOTTS ROAD HEADING TOWARDS STEVENS ROAD, THE TRAFFIC WAS CLEARED, NO VEHICLES WERE IN FRONT VEHICLE B(SHC5216B), BUT THEN VEHICLE B SUDDENLY JAMMED BRAKE WHEN IT WANTED TO PICK UP PASSENGER, THUS I FAILED TO STOP IN TIME AND HIT ITS REAR PORTION. NO ONE WAS INJURED. NO VISIBLE DAMAGE ON 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	SHC5216B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH KOK KIANG
NRIC/Passport Number	S7121835Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

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 liability.
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. The 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 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: 9/10/18 1315 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 9/10/18 1315 hrs

Reporting Centre Personnel's Signature

Name: April

NRIC/FIN No:



Accident Sketch Plan

SKETCH PLAN

DOA: 8-10-18

A: GBD 6448 H

B: SHC 5216 B

🚶: Vehicle B's Passenger

Bus stop

Scotts Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Scotts Rd heading towards Stevens Rd, the traffic was cleared, no vehicles are in front of vehicle B, but then vehicle B suddenly jam brake when it wanted to pick up passenger, thus I failed to stop in time and hit its rear portion.

No one was injured. No visible damage on both vehicles.

DECLARATION

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

Policyholder's Signature

Date & Time: 9/10/18 13:15 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 9/10/18 13:15 hrs



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7407899J**





Name
ER LEE HOCK
余 利 福

Race
CHINESE

Date of birth
28-02-1974

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S7407899J**
Name
ER LEE HOCK

Birth Date: **28 Feb 1974**
Issue Date: **16 Jul 2003**



000652538G

Driving Licence

3595321



NRIC No. **S7407899J**

Date of issue
30-07-2004


Address
**APT BLK 334 HOUGANG AVENUE 5
#03-254
SINGAPORE 530334**

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Jul 1993

NP 428A

Licence No: S7407899J



Scene Photo



Scene Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

