

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	18/10/2018 15:21
Date Of Accident	18/10/2018 13:40
Exact Location Of Accident	ALONG CTE (AYE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3956L
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Insured/Policyholder

Name Of Registered Owner	CONFIDENCE FUNERAL SERVICES PTE LTD
Co Reg No	201719817Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90210010
Alternative Phone No	OFFICE-90210010

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000195
Cover Note Number	

Driver

Name of Driver	GOH CHING SIN (WU ZHENSEN)
NRIC No	S7722695H
Date Of Birth	11/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90210010
Fax Number	
Contact Number	OFFICE-90210010
Email Address	NOEMAIL

Address	BLK 496B TAMPINES STREET 43 #12-237
Postcode	525496
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	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?	
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: : - 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

REFER TO 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	GBF6870K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JOSEPH HENG
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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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.:

Accident Sketch Plan

SKETCH PLAN

CTE (A/E)

A: 6B63956C
B: 6BF6820E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

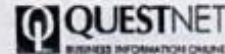
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 CTE (AYE).
SUDDENLY VEHICLE B JAMMED BRAKE AS VEHICLE REGISTRATION NUMBER:
SKA8608J JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT
ONTO VEHICLE B REAR PORTION.

BUSINESS PROFILE**REQUEST CRITERIA**

(You have requested to search on the following)

Date of Request :	27/07/2017
Name of Requestor :	DBS BANK LTD - TAMPINES ONE BRANCH
Requested Entity Name :	CONFIDENCE FUNERAL SERVICES PTE. LTD.
Requested Entity Number :	201719817Z
File Reference Number :	

SEARCH RECORD

Entity Name :	1) CONFIDENCE FUNERAL SERVICES PTE. LTD.
Entity Number :	201719817Z

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF COMPANY

Entity Name:	CONFIDENCE FUNERAL SERVICES PTE. LTD.
Entity Number:	201719817Z
Date Of Registration (dd/mm/yyyy):	16/07/2017
Country Of Incorporation:	SINGAPORE
Date Of Change Of Name:	-
Former Name:	-
Type Of Company:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Registered Office Address:	484 UPPER SERANGOON ROAD SINGAPORE 534517
Date Of Change Of Address:	16/07/2017
Principal Activity / Activities:	1) FUNERAL AND RELATED ACTIVITIES (INCLUDING EMBALMING, CREMATING AND CEMETERY SERVICES, UPKEEP OF CEMETERIES) (96030) FUNERAL 2) RETAIL SALE OF JOSS PAPER AND OTHER CEREMONIAL PRODUCTS (47761) CEREMONIALS
Status:	LIVE COMPANY
Status Date:	16/07/2017

CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
ISSUED ORDINARY	100.00	SINGAPORE, DOLLARS	100.00
PAID-UP ORDINARY	-	SINGAPORE, DOLLARS	100.00

Note: The number of shares is displayed up to two decimal points.

CHARGE(S)

<https://www.questnet.sg/qnwebreportgenerator/qnwebreportgenerator.ashx?OrderItem...> 27/07/2017

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AUDITOR(S)

Name	Date Of Appointment
-	

OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name ID	Address Date Of Change Of Address	Nationality	Date Of Appointment/ Position Held
GOH CHING SIN S7722695H	496B TAMPINES STREET 43 #12-237 SINGAPORE 525496 -	SINGAPORE CITIZEN	16/07/2017 DIRECTOR
FUNG PUI MAN S8275749Z	87B CEYLON ROAD #04-04 THE VANDERLINT SINGAPORE 429665 17/07/2017	HONG KONG	16/07/2017 SECRETARY

SHAREHOLDER(S)

(Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Name ID	Nationality	Address Date Of Change Of Address
GOH CHING SIN S7722695H	SINGAPORE CITIZEN	496B TAMPINES STREET 43 #12-237 SINGAPORE 525496 -
Type	No Of Shares	Currency
ORDINARY	100.00	SINGAPORE, DOLLARS

Note: The number of shares is displayed up to two decimal points.

COMPLIANCE RECORD

Date Of Last AGM:	-
Date Of Last AR:	-
Date Of A/C Laid At Last AGM:	-

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 27/07/2017
PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE
AUTHORITY

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