#### 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 witholding 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

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	ACCIDENT STATEMENT
Date Of Report	14/06/2018 12:40
Date Of Accident	13/06/2018 18:50
Exact Location Of Accident	PIE TOWARDS CHANGI LAMP POST 156
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN6750J
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE POST LIMITED
Co Reg No	199201623M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93978117
Alternative Phone No	OFFICE-68412000
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO-7.5 D FM65FM2RDEB (M)
Exact Purpose for which vehicle was being used at time of accident	MAIL DELIVERY
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	M496479
Cover Note Number	
Driver	

Name of Driver ZHAO HUANYOU Passport No/FIN G5133261Q Date Of Birth 11/09/1979 Occupation **OUTDOOR Date Of Driving Pass** 02/02/2015

**Driving Experience** 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93978117

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address

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 **CHAIN COLLISION** 

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

ON 13 JUNE 2018 @ 1850HRS, I WAS DRIVVING ALONG PIE TOWARDS CHANGI. FRONT VEHICLE SLOWN DOWN AND STOP, I ALSO SLOW DOWN AND STOP. SUDDENLY, MY LORRY WAS HIT FROM BEHIND. I WENT DOWN TO CHECK AND SAW TOTAL 2 VEHICLES BEHIND MY LORRY, I HEAR ONLY ONE BANG SOUND, VEH B SHC2885B DRIVER WAS INJURED BUT WAS NOT CONVEYED TO HOSPITAL.

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 SHC2885B

HYUNDAI BLUE SONATA Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 20

Passenger 1

NAME: :

GENDER:

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKR5389X

Vehicle Make/Model/Colour HONDA VEZEL

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name TAN KIAMG SAN

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### **Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (III) 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
- 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: 13-6-19

Name: NRIC/FIN No.

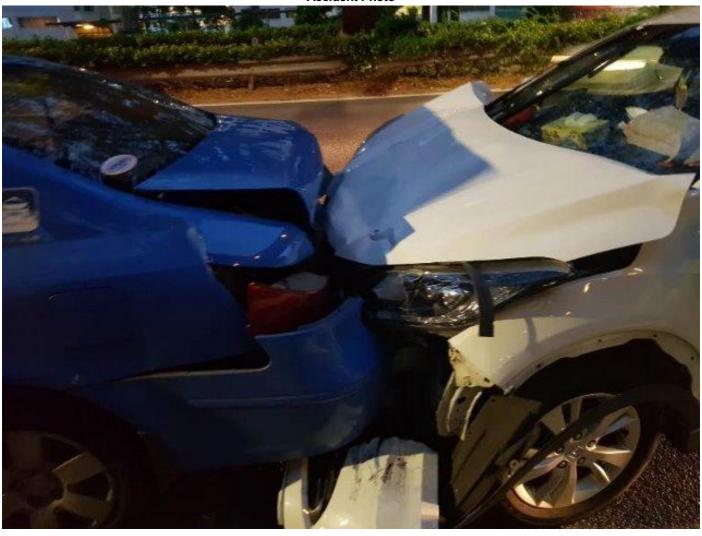
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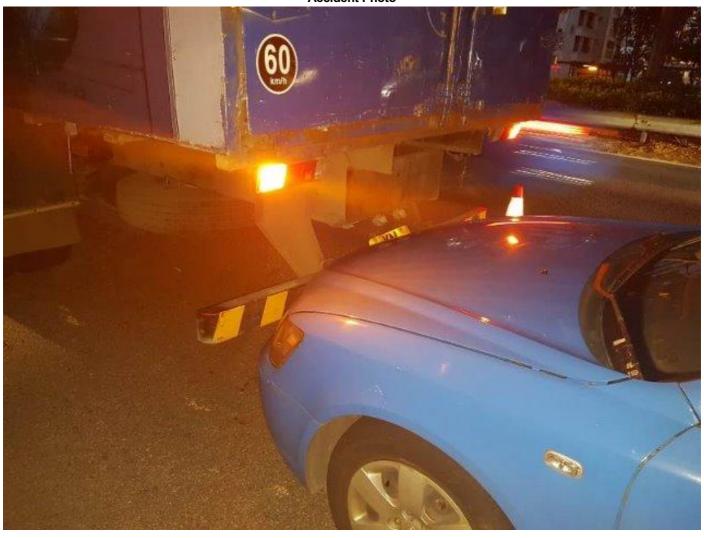
### Sketch Plan #2

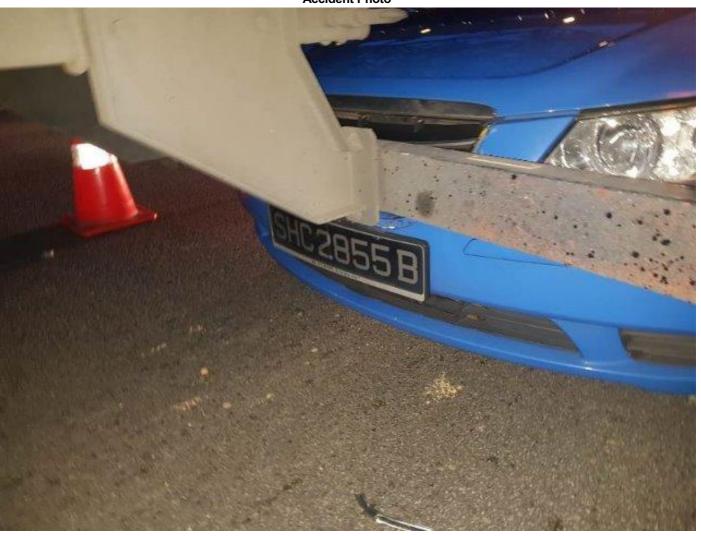
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Time (if driver is not the policynolder)  Date & Time: (3 -6 -1 8		Reporting Centra Personnel's Signature Name: Paul Loy NRIC/FIN No.:
	19454	568000098





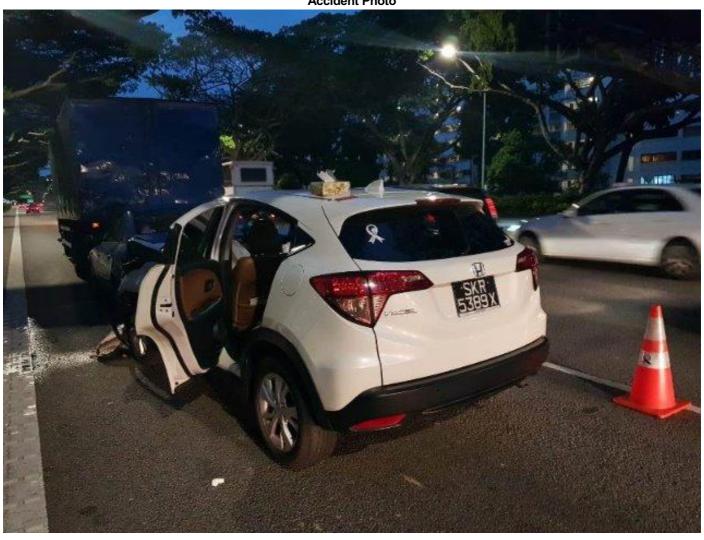




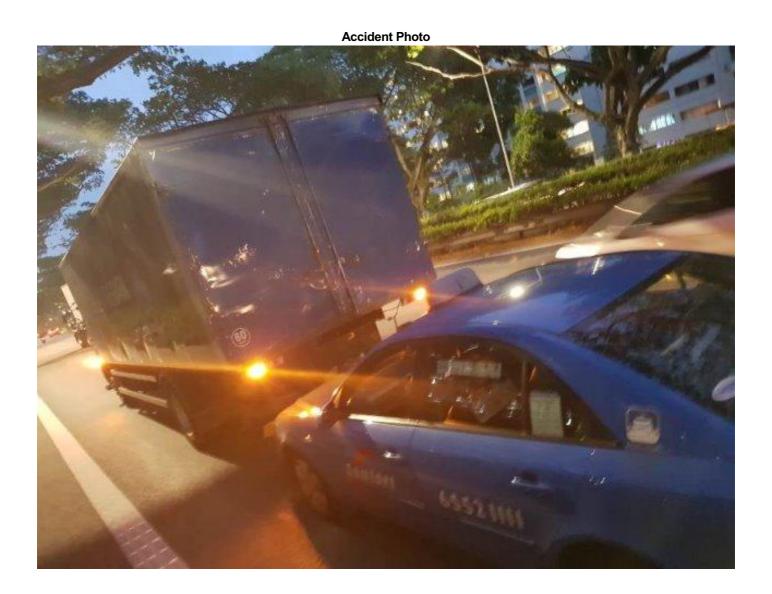
















#### **Identification Card**



#### **Identification Card**



**Driving License** 



#### **Driving License**

# VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE Class 3 Motor cars with unladen weight =< 3000kg with =< 7 27 Jul 2011 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg Licence No:G5133261Q

#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quey #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 URN: \$665500206 / GST Rvg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: \_ YN G オ50 J Original Report No : MJPK 18077093 Co Reg MO: Name(as shown in NRIC): Singapore Post Limited NAHC/FHN/Passport No: 199201623M (\*Vehicle Briver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( 6841 2000 Contact (Tel) Mobile No.: . aukortesingpost.com Email Address Date of Accident : 13/06/2018 Time of Accident: 18:50 Place of Accident : PIE Towards Changi Lamp Post 156 India International Insurance Pte Ltd Insurance Company: \_\_\_ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend Third Party claim instead of 'Reporting Only 208 Policyharter / Driver's Signature Reporting Centre Personnel's Signature Date: 02/68/2018 Name: Yvonne MM3 NRIC/FIN No.:

Date: 00/08/2018