SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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|---|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 30/10/2018 13:54 |
| Date Of Accident | 30/10/2018 10:00 |
| Exact Location Of Accident | T JUNC OF BT BATOK EAST AVE 2 & HILLVIEW AVE |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBE6633J |
| Insured/Policyholder | |
| Name Of Registered Owner | HONG LEE STEEL INDUSTRIES CO PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63631522 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | DYNA |
| 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? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| 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 | DMCVSN1713621801 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | CHAN TEE KIAH |
| NRIC No | S1079525G |
| Date Of Birth | 26/07/1943 |
| Occupation | INDOOR |

14/03/1963

MALE

NOEMAIL

55 YEARS AND 7 MONTHS

(LOCAL) +65-99999999

Address BLK 441A CLEMENTI AVE 3 #24-03

Postcode 121441

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

ronge Company of Driverle 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?

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.

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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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

NO

1

NO

NO

Vehicle Registration Number SBF1019K

Vehicle Make/Model/Colour

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 OTHER VEHICLE PROPERTY 2

SHB9926P

Vehicle Registration Number

Vehicle Make/Model/Colour

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Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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)

Lunderstand, 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 insurers) 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:
 - 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 coffect, 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:
 - 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 | |
|---------------------------------|--|
| CAR 66335 | REGERCY BUMIT BATOK SEST OVER- |
| SER TOTAL | BRIANCE CO |
| SHB TALLY | POSITEO. |
| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT |
| | and studied AT THE TRAFFIC T - JUNITION |
| OF RUNIN BATO | K GAST AVE 2 INFRONT OF SACY CONDOMINAN), I was ON THE LEFT LANE. |
| SUDDANLY I | FOR THE TRAFFIC LIGHT TO THRN GREEN, FELT A IMPACT FROM THE REAR OF M3 VEHICLE, PACT PHONES ME FORWARD TO HIT OWTO THE |
| | WITH LICENCE PLACE (SBF 1019K) THAT |
| | FORM OF MY VAHICUE, AND THE IMPORT |
| | TO BEING PHOHED FORWARD AND HIT ONTO THIS PAT, IT WAS A CHAIN COLLISION INVOLVENCE |
| rances A- | GB2 66335 |
| var-nece B. | - SAF 1019K |
| venicue c. | |
| | |
| Ne deplace the following partic | plars are true in every establish |
| licyhole arent | Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Oate & Time: NRIC/FIN No. |

NRIC/FIN No.:

DRIVING DOC





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING COASSIE

PASS DATE

Class 2B Motorcycles not exceeding 209 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

04 Jun 1964 04 Jun 1964 04 Jun 1964 14 Mar 1963

NP 428A



























