

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	20/11/2018 14:29
Date Of Accident	15/11/2018 07:25
Exact Location Of Accident	TPE TOWARDS TAMPINES AVENUE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6029Z
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Insured/Policyholder

Name Of Registered Owner	BON VITE ENGINEERING PTE LTD
Co Reg No	200513864Z
Email Address	QUSHUSEN123@163.COM
Mobile Phone No	
Alternative Phone No	OFFICE-82674661

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
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	DMCVSN3022581800
Cover Note Number	

Driver

Name of Driver	LEE SOON HUAT
NRIC No	S1702673I
Date Of Birth	16/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91937727
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 256A SUMANG WALK#16-615
Postcode	821256
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	COLLISION - CHANGE/CROSS LANE
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?	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

ON 15/11/2018 AT AROUND 0725HRS , I WAS TRAVELLING ALONG TPE TOWARDS TAMPINES AVENUE 10 ,WHEN I ENTER TO THE SLIP ROAD OF TAMPINES AVENUE 10 EXIT , SUDDENLY A MOTORCYCLE FROM LEFT SIDE CUT INTO MY INFRONT , TO AVOID THE MOTORCYCLE , I CHANGE TO THE RIGHT LANE ABOUT 1 METER RANGE, BUT AFTER AVOIDING THE MOTORCYCLE I IMMEDIATELY CHANGE BACK TO THE LEFT LANE , DURING THAT TIME I DID NOT FELT ANY COLLISION OR IMPACT FROM RIGHT SIDE.BUT ON 16/11/2018 MY COMPANY RECEIVED A CALL FROM SLC2750Y OWNER , THE OWNER STATE THAT MY VEHICLE HAD SCRATCH HIS CAR LEFT HAND SIDE MIRROR WHEN CHANGING LANE .BUT I DID NOT FELT ANY IMPACT DURING THAT TIME, SO I DONT THINK MY VEHICLE HAD SCRATCH HIS SIDE MIRROR.

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	SLC2750Y
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)

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.

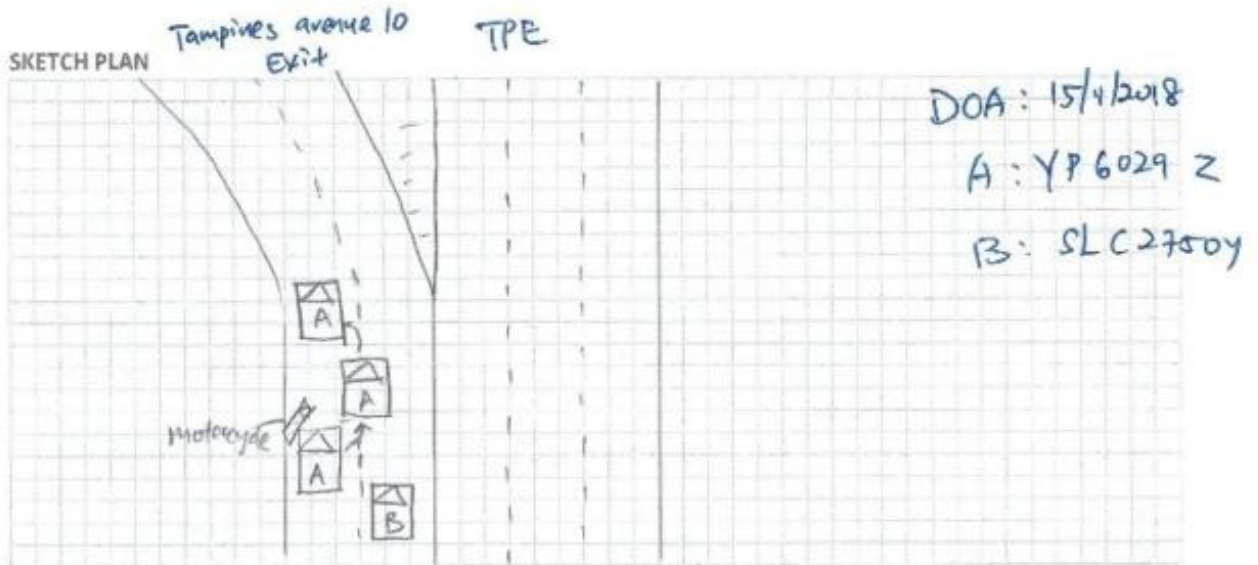

Policyholder's Signature
Date & Time:


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


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

21. 20/1/2018 1.00pm

Accident Sketch Plan



DOA: 15/11/2018

A: YP6029 Z

B: SLC2750Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/11/2018 @ around 0725 hrs, I was travelling along TPE
Toward s Tampines avenue 10, when I enter to the slip road
of Tampines avenue 10 exit, suddenly a motorcycle from left
side cut into my infront, to avoid the motorcycle, I
change to the right lane about 1 meter, but after avoiding
I immediately change back to the left lane, during that time
I didn't felt any collision. but on 16/11/2018, My company
received a call from SLC2750Y owner, the owner said that
side mirror
My vehicle scratch His car, when changing lane, but
I didn't felt any impact during that time, so I don't
think my car had scratch SLC2750Y side mirror..

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.:

SLC2750Y (SLC2750Y)

Identification Card



Driving Licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

