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 <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	23/11/2018 15:25	
Date Of Accident	22/11/2018 22:00	
Exact Location Of Accident	BLK 257 BANGKIT ROAD CARPARK LOT 11	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH1428C	
Insured/Policyholder		
Name Of Registered Owner	FORTUNE JOSS STICK TRADING	
Co Reg No	52972722J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96775762	
Alternative Phone No	OFFICE-96775762	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	HIACE	
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED	
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	GREAT AMERICAN INSURANCE COMPANY	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	

MOMVC000007674-00-000

Policy Number

Cover Note Number

DriverName of DriverKEE POH HOCKNRIC No\$1445882DDate Of Birth30/07/1960OccupationINDOORDate Of Driving Pass13/03/1981

Driving Experience 37 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96775762

Fax Number

Contact Number OTHERS-96775762

EMail Address NOEMAIL

Address BLK 160 JALAN TECK WHYE

#17-246

Postcode 680160

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 Registration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3
Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged?

I have been approached by unknown person(s)

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

YES

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?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 SHB5282P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver ONG KHO SENG NRIC/Passport Number S1364229Z

Contact Number 97437763

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLD469T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR POH TECK KHENG S1831471A

Accident Sketch Plan

SKETCH PLAN

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 interested parties.
- 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:
 - 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 invoive 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.

Tiune Joss Stick Trading dik 2 Jalan Bukit Merah 1-5162 Singapore 150002 Fax: (65) 6275 1512

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Si

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN BUK	056 BAUGKIT	COAD	CARPBRIC !!
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SAB 5282 P	THE OU	O(M(W)_1	Japanes Ly C mei
DECLARATION A CONTROL OF THE CONTROL	ticulars are true in every respecting	1	av 23/4/2018
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the police Date & Time:	cyholder)	Reporting Centre Regionnal's Signature Name: NRIC/FIN No.:



Rece CHINESE

Date of birth Se 30-07-1950 M Country of birth SINGAPORE

























