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 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	30/11/2018 13:38
Date Of Accident	29/11/2018 18:15
Exact Location Of Accident	JUNCTION OF UBI AVENUE 3 AND UBI ROAD 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7208L
Insured/Policyholder	
Name Of Registered Owner	SAN SHAN CO (SINGAPORE) PTE LTD
Co Reg No	197601046G
Email Address	JOHNSONTIAN8923@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67458181
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.5 D MT ABS AIRBAG 2WD 6DR (A)
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?	YES
If No, Please state action to be taken	
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	DMCVSN1768781801
Cover Note Number	
Driver	
Name of Driver	TIAN CHUAN SENG(CHENG CHUAN SHENG)
NRIC No	S8403401J
Date Of Birth	29/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93868923
Fax Number	
Contact Number	
EMail Address	JOHNSONTIAN8923@GMAIL.COM

Address	BLK 698 HOUGANG STREET 61#07-20
Postcode	530698
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	2
Passenger 1	NAME: : DRIVER'S COLLEAGUE GENDER: : MALE

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 29/11/2018 AT 1815HRS, I WAS DRIVING GBG7208L ALONG UBI AVENUE 3,AS I WAS GOING STRAIGHT,GBC3702Z HAD MADE A RIGHT TURN FROM THE OPPOSITE DIRECTION (SEE SKETCH) I TRIED TO APPLE E-BRAKE BUT TO NO AVAIL, MY VEHICLE'S FRONT PORTION HAD COLLIDED ONTO IT LEFT PORTION . NO ONE WAS INJURED IN THIS ACCIDENT.

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	GBC3702Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEOH GEAN LENG
NRIC/Passport Number	F8330662U
Contact Number	85718186
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. The 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 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 :

   (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.

三山(新)私人有限公司
SAN SHAN CO. (S) PTE. LTD
BLOCK 3015 UBI ROAD 1
#01-147 SINGAPORE 408706
TEL: 6745 8181 FAX: 6745 8685

Policyholder's Signature
Date & Time:

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

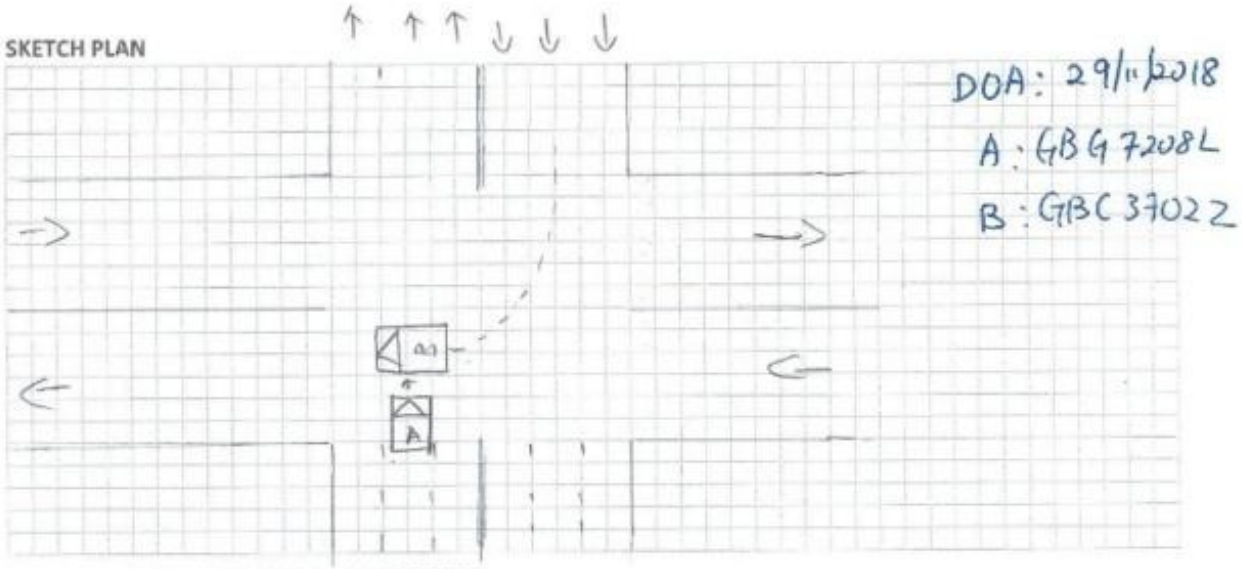
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

30/4/2018 11 AM

GIARMC SketchPlanForm_V3

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/18 @ 1810 hrs, I was driving GBG 7208L along UBI Ave 3, as I was going straight, GBC 3702 Z had made a Right Turn from the opposite direction (see sketch) I tried to apply E-brake but to no avail, my vehicle's front portion had collided onto it left portion. No one's was injured in this accident.

DECLARATION

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

三山(新)私人有限公司
SAN SHAN CO. (S) PTE. LTD
BLOCK 3018, UBI ROAD 1
#01-147 SINGAPORE 408706
TEL: 6745 8181 FAX: 6745 8695

Policyholder's Signature
Date & Time:

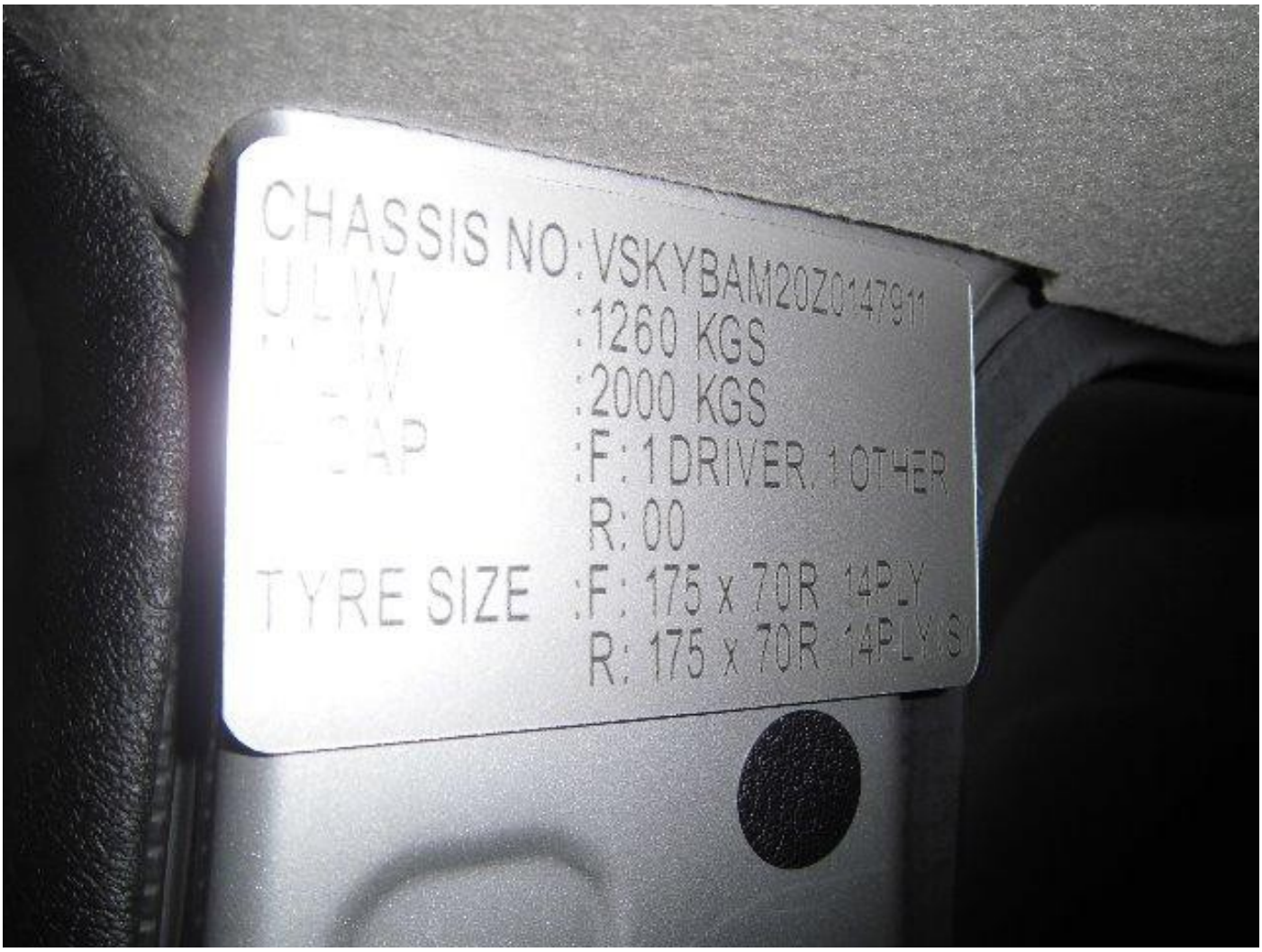
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Identification Card

Driving Licence

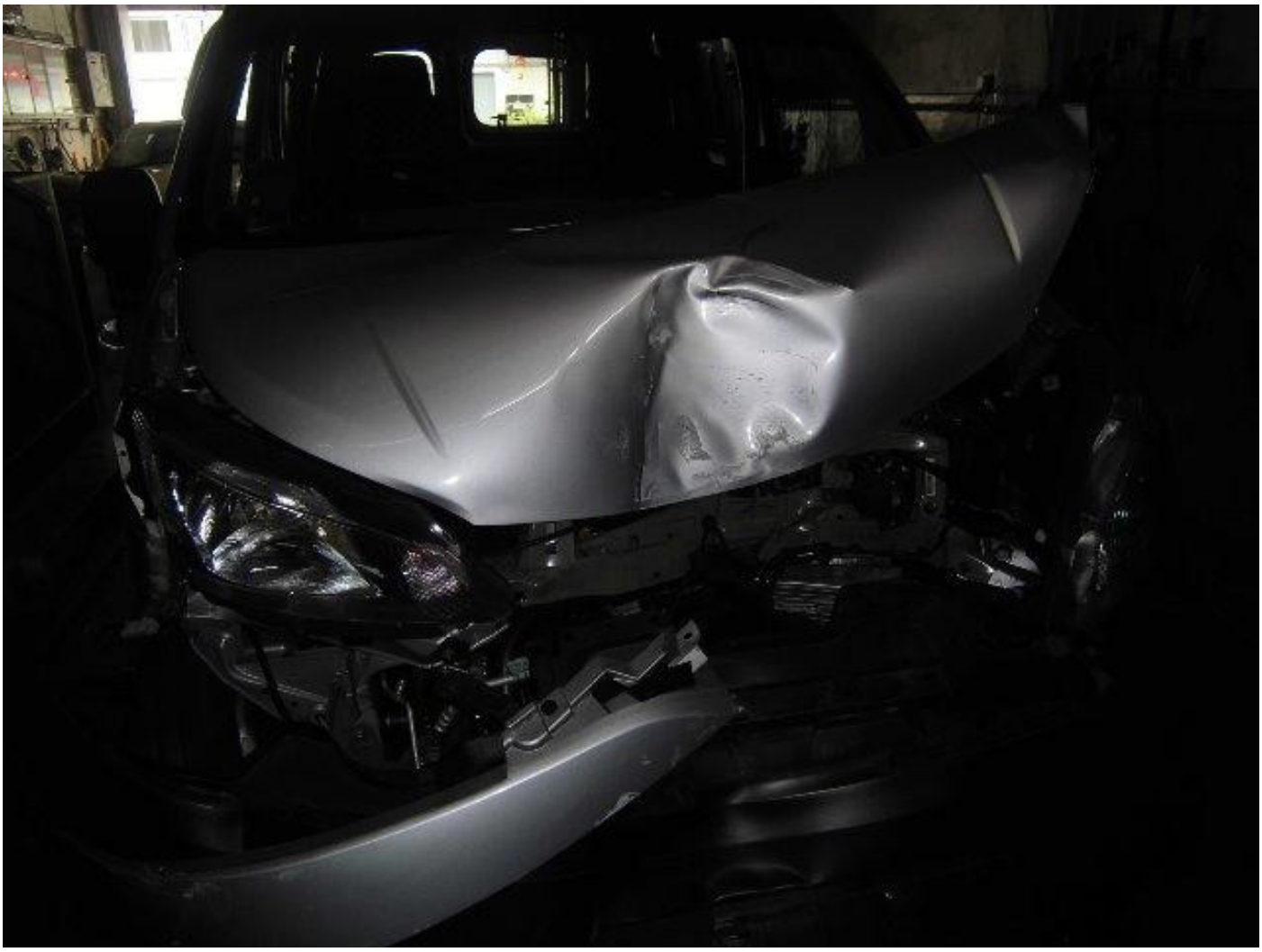
Accident Photo



Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Scene Photo

Scene Photo

Scene Photo

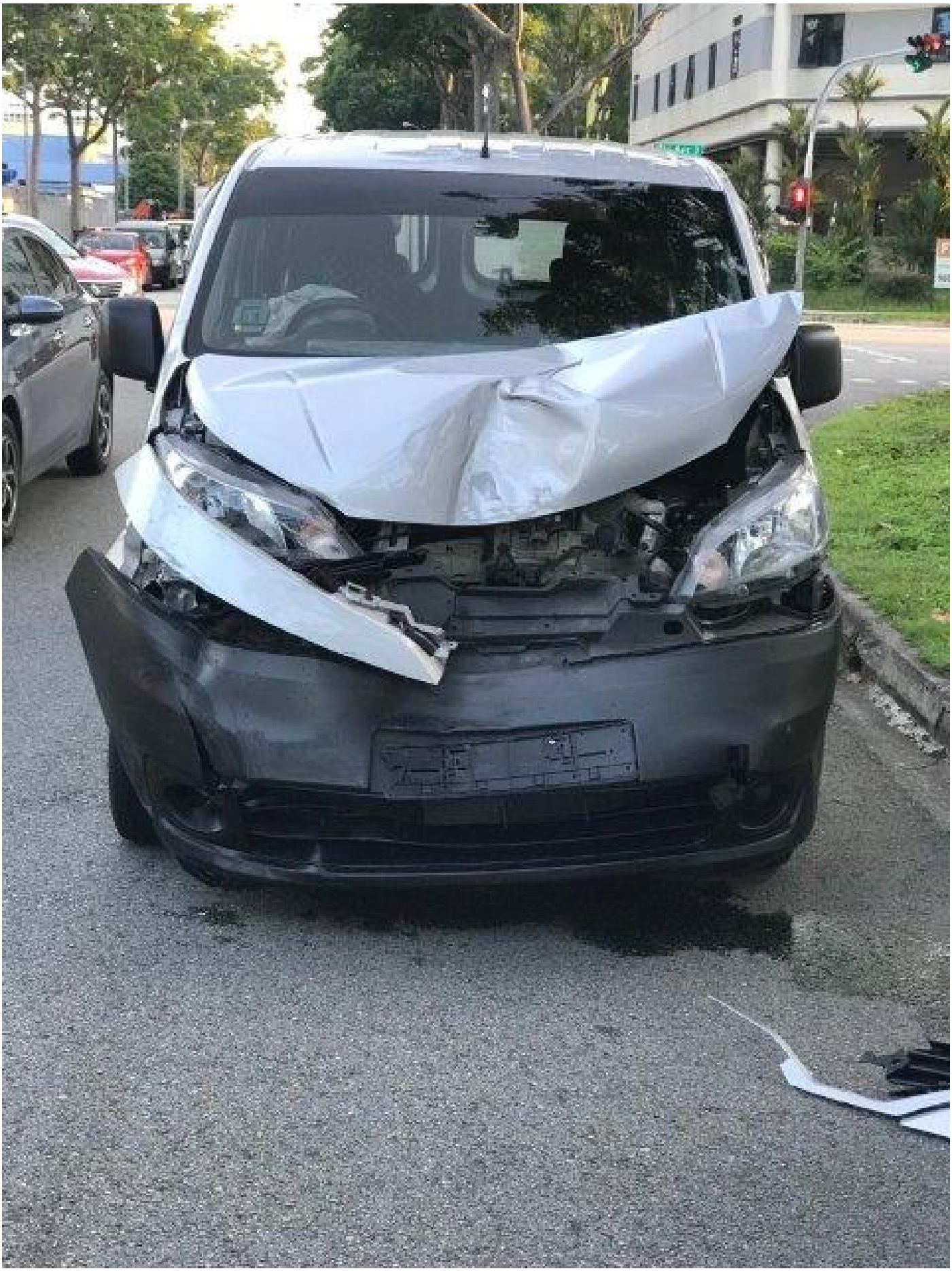
Scene Photo

Scene Photo

Scene Photo

Scene Photo

Scene Photo



Scene Photo