

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	04/12/2018 14:11
Date Of Accident	03/12/2018 11:40
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4877R
Insured/Policyholder	
Name Of Registered Owner	CHUANG YI INTERIOR DESIGNING
Co Reg No	53167167D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93588881

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MC009565-R07
Cover Note Number	

Driver

Name of Driver	ZHENG ZEBAO
NRIC No	S2735800D
Date Of Birth	07/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93588881
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 303 CANBERRA ROAD #14-39
Postcode	750303
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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

I WAS TRAVELLING ALONG BALESTIER RD TWDS LAVENDER ST. WHILE TRAVELLING STRAIGHT SUDDENLY A VEH INFRT MADE A E-BRAKE, I IMMEDIATELY MADE A E-BRAKE AS WELL. DUE TO THE WET SURFACE AND HEAVY LOAD, I COULDN'T STOP INTIME AND MAKE A SLIGHT HIT ONTO THE VEH INFRT.

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	SBU3822R
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.

创意专业室内傢俬装修工程
CHUANG YI INTERIOR DESIGNING

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.:

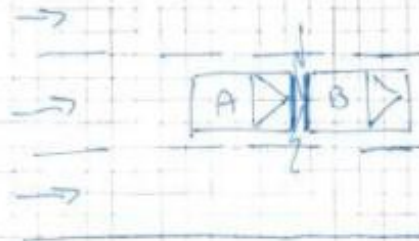
Individual Statement

SKETCH PLAN

Branch A - GZ 4877 R

Wash Co. Q - 5B43822R

BARSTIGA Ramp Towards
LA VANDIA STREET.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along BAKER STREET towards LAMARCA STREET.

WHILE TRAVELING STRAIGHT SUDDENLY A VEHICLE INFRONT MADE A EMERGENCY BRAKE, I IMMEDIATELY MADE A EMERGENCY BRAKE AS WELL. BUT DUE TO THE WET WEATHER AND HEAVY LOAD, I COULDN'T STOP IN TIME AND MADE A SLIGHT HIT ONTO THE VEHICLE INFRONT.

USMC A - G 8 4877 R

WASH CCE B- SBW 3822R

DECLARATION

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

YI INTERIOR DESIGNING

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

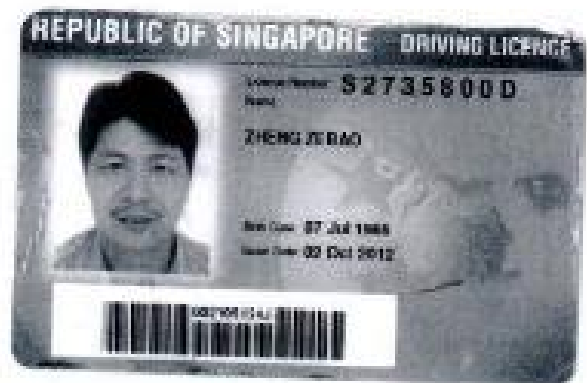


Accident Photo



CHASSIS NO	:	107DABAD0348	<input checked="" type="checkbox"/>
UNLADEN WT	:		KG
MAY LADEN WT	:		KG
PASSENGER CAP	:	1 DRIVER	OTHER
TYRE SIZE	:	(F) 15-14-8	
	:	(R) 15-13-8(D)	

Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 1777118156814 Vehicle Registration No : GZ4877R
Name (as shown in NRIC) : ZHENG ZERAO NRIC/FIN/Passport No : S2735800A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 303 CAMBERA RD H14-39 Singapore (750303)
Contact (Tel) : _____ Mobile No. : 93588881
Email Address : _____
Date of Accident : 03/12/18 Time of Accident : 1140
Place of Accident : BALESTIER RD TWD LAVENDER RD
Insurance Company : TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

IT SHOULD POLICY NUMBER NOT COVER MORE

Policyholder / Driver's Signature
Date:

flynn 04/12/18

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