

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	07/12/2018 17:08
Date Of Accident	28/11/2018 15:20
Exact Location Of Accident	BLK 501 JURONG WEST ST 51
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5482A
Insured/Policyholder	
Name Of Registered Owner	M/S STEAM ARTS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86884788

Vehicle Particulars

Manufacturer	HYUNDAI
Model	H1 STAREX VAN 2.5 CRDI
Exact Purpose for which vehicle was being used at time of accident	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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3072631800
Cover Note Number	-

Driver

Name of Driver	LIM YEW ZHENG
NRIC No	S8004024E
Date Of Birth	20/02/1980
Occupation	INDOOR
Date Of Driving Pass	04/02/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86884788
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 272A PUNGGOL WALK #11-567
Postcode	821272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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	
Was any body injured in the Accident?	NO
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.	NO
Number of Passengers (Including Driver)	0

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

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

Vehicle Registration Number	YP9524R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

STAR

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



③ yp9524R

ON 28 NOV 2018 @ 1522 HRS MY VEHICLE WAS PARKED AT CAR PARK BEHIND BLOCK 501 JURONG WEST STREET 51. WHEN VEHICLE B MOVED OFF, VEHICLE B COLLIDED INTO MY VEHICLE. INITIALLY WE HAD WANTED TO DO A PRIVATE SETTLEMENT. HOWEVER IT FAIL TO MATERIALIZED.

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

Policyholder's Signature
Date & Time: 53207685X

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

Accident Sketch Plan

28/11/2018

1522 HRS.

Location: CP Behind SOI
Jurong ST 1

DRIVER Murali 84387033. 9524R
YP ~~9524R~~ P MITSUBISHI PAJERO
86884788. CANTEEN

HIT MY VAN OWNER DEON Lim Yew Zhen
(GBB 5482A) HYUNDAI STAREX

Right front fender, headlight & bumper

According to Driver's ^{Boss.} ~~manager~~ (Raj.) 06482010

said private settlement at his workshop or my workshop
(All their cost.)

All id is taken & phone exchange.



Driver GBB 5482A

86884788

DEON Lim

Driver YP 9524R

84387033

MURALI



DRIVING DOC



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2G Motorcycles <= 200 cc	04 Nov 1999
Class 2A Motorcycles between 201 cc and 400 cc	13 Feb 2001
Class 2 Motorcycles > 400 cc	25 Feb 2003
Class 3 Motor Cars < 3000kg with <= 4 passengers, as inclusive of the driver, and other motor vehicles <= 2000kg	04 Feb 2004

NF 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

