#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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

<ol> <li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/12/2018 14:22
Date Of Accident	12/12/2018 11:00
Exact Location Of Accident	KAKI BUKIT AVE 1 INSIDE SHUN LI INDUSTRIAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE935C
Insured/Policyholder	
Name Of Registered Owner	M/S GENERATION EQUIPMENT & ELECTRONICS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63821818
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
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	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	DMCVSN3061561803
Cover Note Number	-
Driver	
Name of Driver	LAM KWOK WAH (LIN GUOFA)
NRIC No	S7104835G
Date Of Birth	13/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1991
Driving Experience	27 YEARS AND 6 MONTHS

MALE

**NOEMAIL** 

(LOCAL) +65-97575613

Address BLK 74 WHAMPOA DRIVE #13-342

Postcode 320074

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

-

NO

NO

NO

#### **General Information of the Accident**

Type Of Accident COLLISION - MAJOR/MINOR RD

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.

Number of Passengers (Including Driver) 1

#### **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?

### **Circumstances of Accident**

I WAS DRIVING STRAIGHT ALONG THE DRIVE WAY INSIDE SHUN LI INDUSTRIAL, SUDDENLY VEH B WITHOUT STOPPING AT THE STOP LINE AND DASHED OUT FROM THE MINOR ROAD, HIT ONTO MY VEH RIGHT FRONT PORTION.

### 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 GBB6024H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NG YIAN HEE NRIC/Passport Number S1261833F

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)
  - (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.
- 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.
- (u) 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.

GENERATION EQUIPMENT AND ELECTRONICS FIELTO 51 Kaki Bullit Avenue 1 #02-37 Shun Li Indicatrial Peri

Policyholder PSignature 819 Fax: 8363 1 fif driver is not the policyholder) Date & Time-mail: genhologopaingnet.co Date & Time-

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

### **Accident Sketch Plan**

AB		A= GBE 1356 8= GBB 6024H
V 6		
	181 - 143	Shun li Industrial
	101 - 143	
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Pleuse	Refer	to Statement
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LARATION edeclars the forescent na		
	rticulars are true in every respe	nct.

### **DRIVING DOC**































