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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/12/2018 16:45
Date Of Accident	11/12/2018 18:15
Exact Location Of Accident	AYE TWDS JURONG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG3112E
Insured/Policyholder	
Name Of Registered Owner	M/S TRIPLE-E AIR-CONDITIONING & SERVICES PTE LTD
Co Reg No	200606586W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62762514
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
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	DMCVSN3041571800
Cover Note Number	
Driver	
Name of Driver	LOOI CHUN HAN
NRIC No	S8188546Z
Date Of Birth	06/01/1981

 Name of Driver
 LOOI CHUN HAI

 NRIC No
 \$8188546Z

 Date Of Birth
 06/01/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/04/2008

Driving Experience 10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81835122

Fax Number

Contact Number OFFICE-81835122

EMail Address NOEMAIL

Address BLK 109 BUKIT BATOK WEST AVENUE 6

#08-02

Postcode 650109

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

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Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

,

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGC8645M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIAW AH LAN
NRIC/Passport Number S1721124B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 24

Accident Sketch Plan

SKETCH PLAN

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- 1. The usual and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
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- 7. By the lodgment of this report to the insurers, you hereby tonsent 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)

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, discince 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 Informative Authority of Singapore and any relevant government agency/authority (ruch 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;
 - (iii) investigating the accident and/or my daims,
 - (iii) carrying out and/or dealing with my instructions or responding to any anquiries 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 Purphase.
- 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.
- (n) the information so collected under (d) above may be shared / disclosed:
 - 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.

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Of driver is not to Date & Time: Reporting Centre Personnel's Signature

NAIC/FIN No.:

Accident Sketch Plan

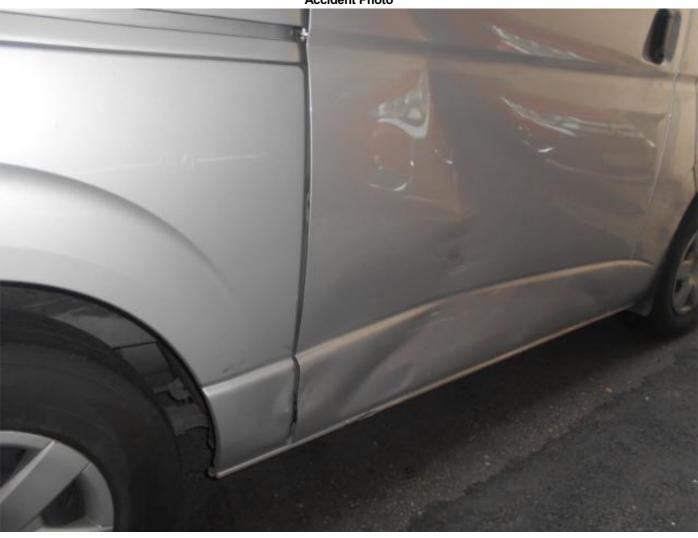
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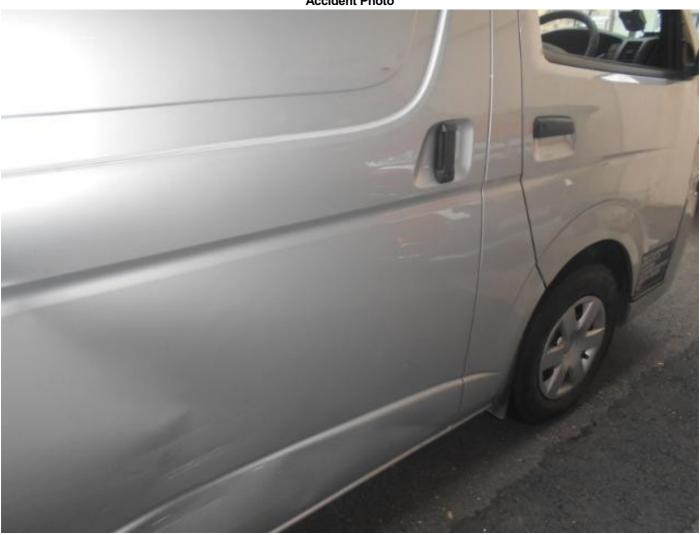


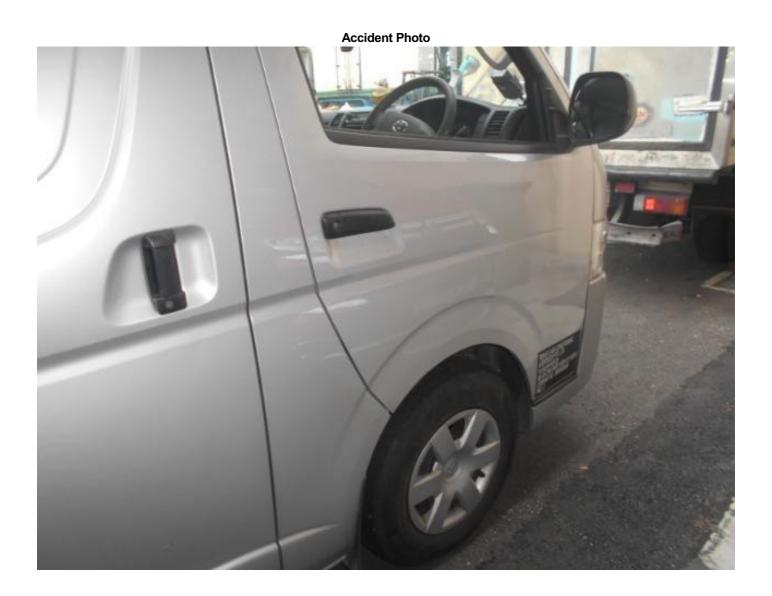


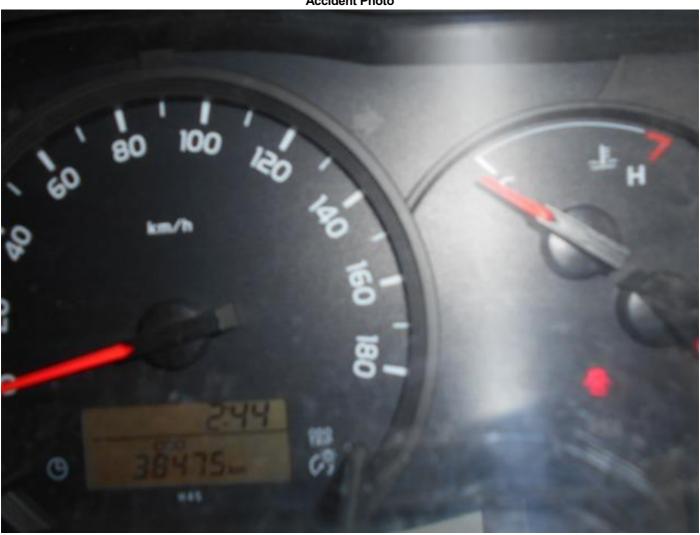




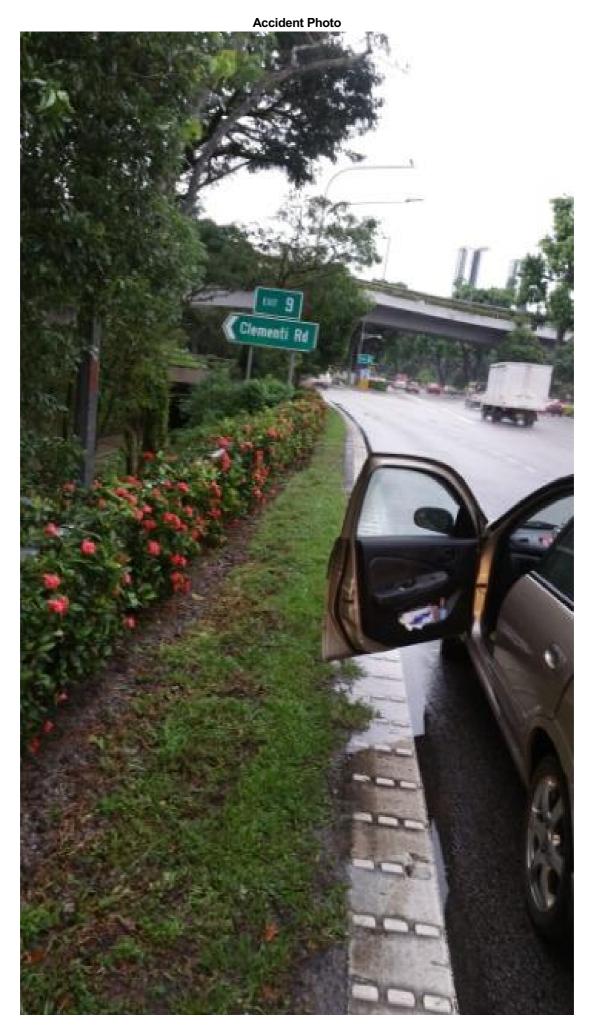




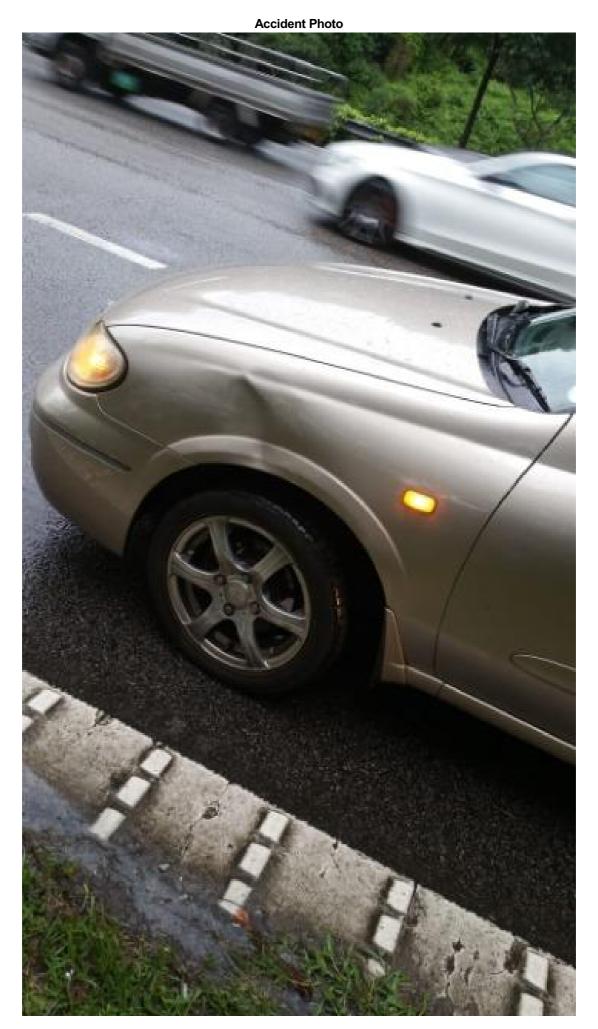






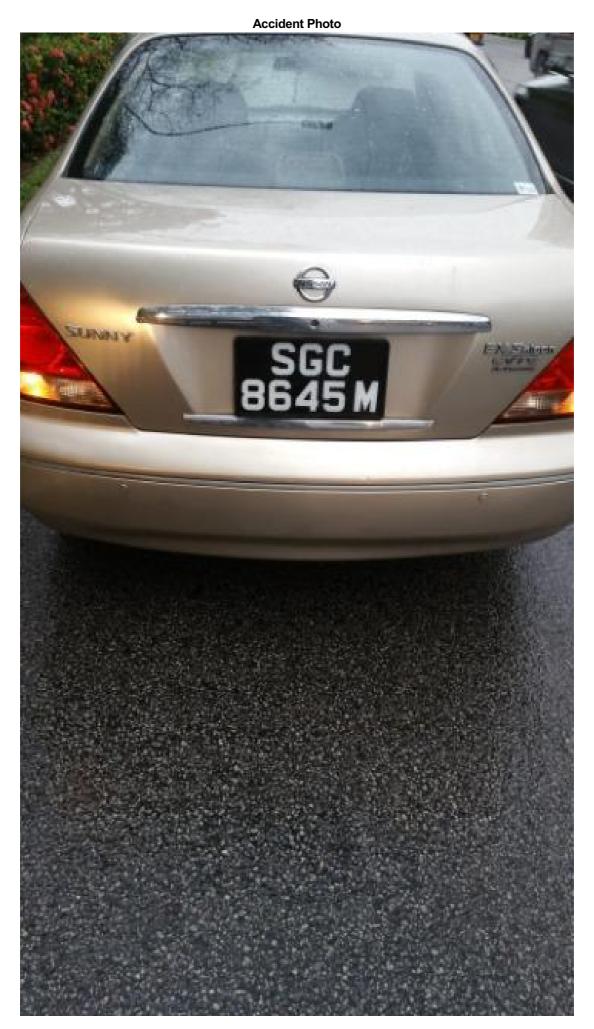












Addendum Sheet



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: \$665500206 / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: MNA118160528 Vehicle Registration No: GBG3112E Original Report No : Name (as shown in NRIC): TRIPE-E AIR-CONDITIONING & SERVICES PTE LTRIC/FIN/Passport No : 200606586W (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(62762514 Contact (Tel) Mobile No.: Email Address 11/12/2018 _Time of Accident: 18:15 Date of Accident Place of Accident : AYE TWDS JURONG Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Add in scene photos. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FINNo.:

Date:

Addendum Sheet



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ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA118160528 __Vehicle Registration No: GBG3112E TRIPE-E AIR-CONDITIONING & SERVICES PTE LTD NRIC/FIN/Passport No : 200606586W Name(as shown in NRIC): (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address. Singapore(62762514 Contact (Tel) Mobile No.: Email Address : 11/12/2018 Date of Accident _Time of Accident: 18:15 Place of Accident : AYE TWDS JURONG China Taiping Insurance (Singapore) Pte. Ltd. (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I was driving along AYE on the 2nd lane. Suddenly Vehicle B jammed brake lost control swerved to my path & collided onto my RH portion.

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Addendum Sheet



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Original Report No : MNA118160528 Vehicle Registration No: GBG3112E Name(as shown in NRIC) : LOOI CHUN HAN NRIC/FIN/Passport No: S8188546Z (*Vehicle Driver / *Chicle Owner) (*) Please delete as appropriate BLK 109 BUKIT BATOK WEST AVENUE 6 #08-02 Address Singapore(650109) Contact (Tel) __Mobile No.: 81835122 Email Address Date of Accident : 11/12/2018 _Time of Accident: 18:15 Place of Accident : AYE TWDS JURONG Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend name of registered owner Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Date:

Name:

NRIC/FINNo .: Date: