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	14/12/2018 14:48
Date Of Accident	13/12/2018 19:45
Exact Location Of Accident	EUNOS CRESCENT OSCP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX227D
Insured/Policyholder	
Name Of Registered Owner	SEASONAL AQUARIUM PTE LTD
Co Reg No	201532937N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93854760
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.2 D F23 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3002681802
Cover Note Number	08/01/2018 - 07/01/2019
Driver	
Name of Driver	KANG CHOON HUAT
NRIC No	S0105110E
Date Of Birth	05/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96266467
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 537 ANG MO KIO AVE 5 #04-4050
Postcode	560537
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER TO 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	SHC7927U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOOI ENG HOCK
NRIC/Passport Number	S2500515E
Contact Number	94462869
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO.: SX227D
INSURER : China
DATE & TIME: 13/12/18 @ 1945

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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.

Policyholder's Signature
Date & Time:
Seasonal Aquarium PTE LTD
Registration No: 201532937N
40, Yio Chu Kang Road
Singapore 545555

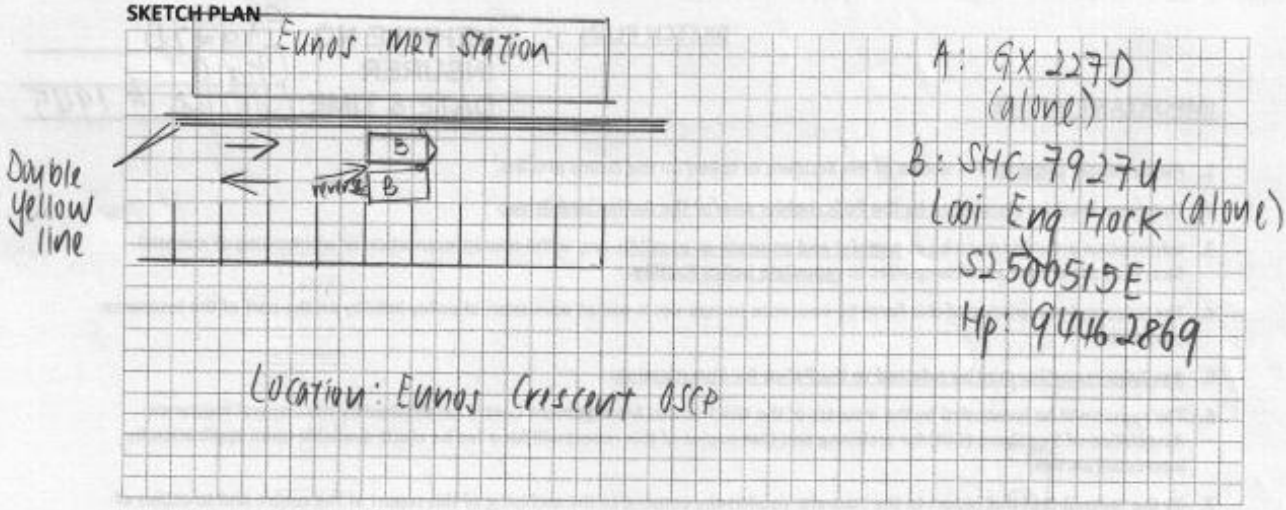
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/12/2018.

Reporting Centre Personnel's Signature
Name: Jolyn (AMK) 14/12/18
NRIC/FIN No.:

GIARASC SketchPlanForm_V3

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: GX227D (China)
Date & Time: 13/12/18 @ 1945 (clear/dry)

Due to carpark was full, i then made a reverse in order to exit out of the compound. However, my vehicle rear RH portion had accidentally grazed onto the front RH side mirror & fender of SHC7927U. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

( ) Claim Own Policy ( ) Claim Third Party (✓) Reporting Only

( ) Claim OD/TP at other workshop (_____)

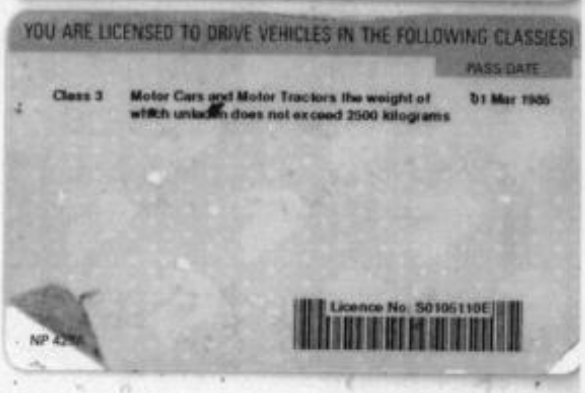
Seasonal Aquarium PTE LTD
Registration No. 201532597K
40, Yio Chu Kang Road
Singapore 545555

IC & DL


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0105110E
KANG CHOON HUAT
江 春 发
CHINESE
05-11-1953
M
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S0105110E
KANG CHOON HUAT
05 Nov 1953
01 Mar 2004
001145214E


3103008
S0105110E
B+
13-10-1999


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3
Motor Cars and Motor Tractors the weight of
01 Mar 1985
does not exceed 2500 kilograms
Licence No. S0105110E

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo