

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	04/01/2019 18:10
Date Of Accident	20/12/2018 15:30
Exact Location Of Accident	PASIR PANJANG MRT OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7076E
Insured/Policyholder	
Name Of Registered Owner	ECONFLO SYSTEMS PTE LTD
Co Reg No	198500717G
Email Address	ACCOUNTS@ECONFLO.COM
Mobile Phone No	(LOCAL) +65-81129898
Alternative Phone No	OFFICE-63963738

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110162861800
Cover Note Number	

Driver

Name of Driver	KHOR CHOON KIANG
Passport No/FIN	G6668664M
Date Of Birth	26/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81129898
Fax Number	
Contact Number	OFFICE-63963738
EEmail Address	ACCOUNTS@ECONFLO.COM

Address	BLK 658 WOODLANDS RING ROAD #08-118
Postcode	730658
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 (including own vehicle) 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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4739999 - FAX NO: 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ACCIDENT DATE 20/12/2018 TIME :15:30 MY VEHICLE YP7076E PARK BESIDE MDM SIM (STP6493T) STATIONARY AT PASIR PANJANG CARPARK, WHILE REVERSING MY BACK LORRY YP7076E HIT HER CAR FRONT PASSANGER DOOR CAUSING SCRATCH AND DENTED AND BROKE HER FRONT SIDE WING MIRROR .MY COMPANY ECONFLO SYSTEMS PTE LTD WILL SETTLE THE CLAIM WITH MDM SIM COMPANY RENTAL THAT ALL.

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	SJP6493T
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MDM SIM

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.

Policyholder's Signature
Date & Time:

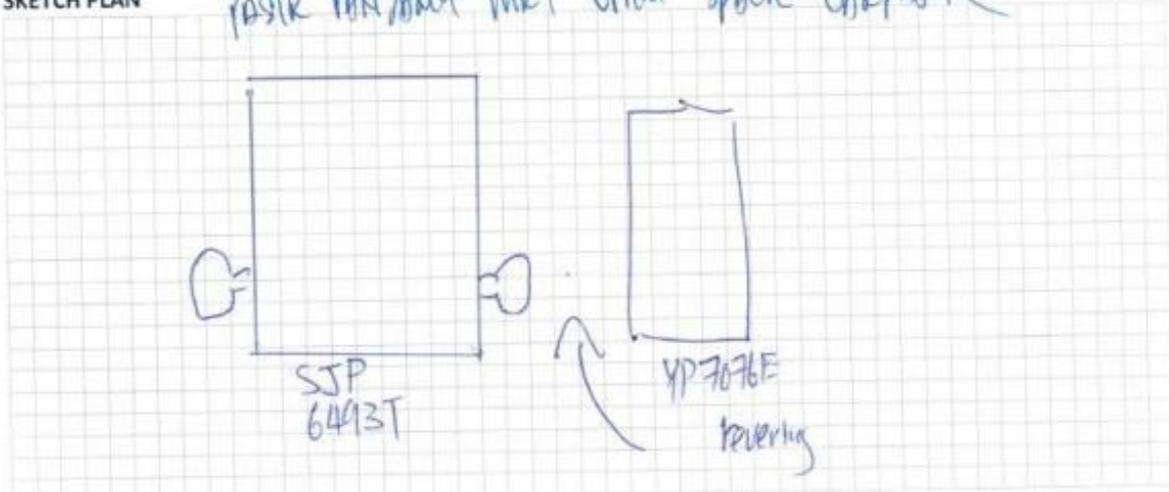
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

PASIR PANJANG MER OPEN SPACE CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT DATE 20, 12-2018 TIME: 15:30 MY VEHICLE YP7076E
 Park beside Mdm SIM STP 64937 Stationary at Pasir Panjang carpc,
 while reversing my truck lorry YP7076E hit her car front passenger
 door causing scratch & dent and broken her front side wind screen.
 My company Erentic Systems Pte Ltd will settle the claim with Mdm SIM
 company rental.

DECLARATION

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

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21/12/2018

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

[Signature] 04/01/2019
 Rishi Nathan

NOTICE OF REPORTING

Annex E

NOTICE OF REPORTING

This is to confirm that Name: Khor Choon Kiang FIN No: G6668664M, Contact number: 81129898 has reported to the Police a non-injury traffic accident which occurred at Carpark of Pasir Panjang Food Centre on 20/12/2018 at about 1530hrs involving the following vehicles: SJP6493T, YP7076E.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sergeant Alvin Lee T140225
Date: 04/01/2019 Time: 1600hrs

S/D Ref: 21

Police Post/Unit : Alexandra NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police



Alexandra
Neighbourhood Police Post
Blk 46-2 Commonwealth Dr.
#01-382A
Singapore 140422

ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6668664M**

Name: **KHOR CHOON KIANG**

Birth Date: **26 May 1989**
Issue Date: **21 Dec 2016**
Valid Till: **20/12/2021**

002640973E



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **ECONFLO SYSTEMS PTE LTD**

Name: **KHOR CHOON KIANG**

Work Permit No.: **4 03325074** Sector: **MANUFACTURING**

K0995664



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

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
C	Motorcycle up to 200 CC	31 Dec 2019
C	Motor cars up to 3000 kg with up to 7 passengers, exclusive of the driver, and motor tractors/vehicles up to 3000 kg	31 Aug 2017

S / No 9000273074

NP 420A

Licence No: G6668664M



VISIT PASS
Immigration Regulations

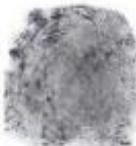
Name: **KHOR CHOON KIANG**

FIN: **G6668664M**

Date of Birth: **26-05-1989** Sex: **M**

Nationality: **MALAYSIAN**

Download SGWorkPass App to check status



YOU ARE TO Surrender THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

