

## 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             | 25/01/2019 15:09                       |
| Date Of Accident           | 25/01/2019 09:10                       |
| Exact Location Of Accident | JALAN ANAK BUKIT TOWARDS CLEMENTI ROAD |
| Country/State of Loss      | SINGAPORE                              |

### DETAILS OF OWN VEHICLE

|                             |                                     |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | YN7681T                             |
| <b>Insured/Policyholder</b> |                                     |
| Name Of Registered Owner    | TOH KIM BOCK C-E CONTRACTOR PTE LTD |
| Co Reg No                   | 198600003M                          |
| E mail Address              | NOEMAIL                             |
| Mobile Phone No             |                                     |
| Alternative Phone No        | OFFICE-62535422                     |

### Vehicle Particulars

|                                                                    |              |
|--------------------------------------------------------------------|--------------|
| Manufacturer                                                       | MITSUBISHI   |
| Model                                                              | FUSO         |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

|                  |                    |
|------------------|--------------------|
| Vehicle Category | COMMERCIAL VEHICLE |
|------------------|--------------------|

### Insurance Company

|                           |                                               |
|---------------------------|-----------------------------------------------|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | YES                                           |
| Policy Number             | DMCVSN1722951801                              |
| Cover Note Number         |                                               |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | GOPAL ALAGAPPAN      |
| Passport No/FIN      | F8125109Q            |
| Date Of Birth        | 30/10/1973           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 11/10/2012           |
| Driving Experience   | 6 YEARS AND 3 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-84069179 |
| Fax Number           |                      |
| Contact Number       |                      |
| E mail Address       | NOEMAIL              |

Address

C/O 24 WOODLANDS INDUSTRIAL PARK E1

Postcode

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

COLLISION - CHANGE/CROSS LANE

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?

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

PLEASE REFER TO SKETCH PLAN AND 4 PASSENGERS.

### 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

SLW6762G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ONG WEE KWANG

NRIC/Passport Number

Contact Number

82238920

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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6. The 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 lodgment 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.
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:

25 JAN 2019  
15:04hrs

G. Ho

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 25 JAN 2019

15:09hrs

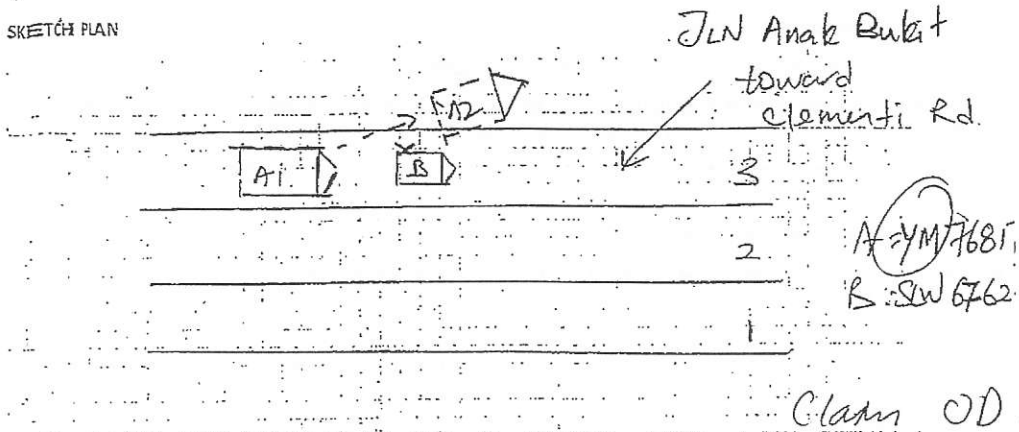
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No: Poh Kwee Choo  
S6840583A

Sketch Plan Pg. 2

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 25 Jan 2019, I was driving my Company  
lorry YM 7681T along JLN Anak Bukit Rd towards  
around 9-10am  
at Clementi Road while I was driving  
down the slope towards the traffic Junction  
the vehicle in front of me vehicle no SW 6762  
slowing down, I also try to slow down  
But I was unable to do so as my vehicle  
\* I was already too near and I managed to pull  
the vehicle to the left side onto the ~~road~~  
Cant and then to the grass patch. But I  
still hit the front vehicle on the left rear.

DECLARATION

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



Policyholder's Signature  
Date 25 JAN 2019

Driver's Signature  
(If driver is not the policyholder)  
Date & Time 25 JAN 2019

Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN N62340583A

# Addendum Sheet Pg. 1



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: S66SS0020G / GST Reg. No.: M400017735

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

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLHM19012149 Vehicle Registration No: YN76817  
Name (as shown in NRIC) : TOH KIM BOCK E CONTRACTOR PTE LTD NRIC/FIN/Passport No : 198600003M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : 62535422 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 25/01/2019 Time of Accident : 09:10 Hours  
Place of Accident : Jalan Anak Bukit towards Clementi Road  
Insurance Company: China TaiP

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) (YN76817) Vehicle no wrong.  
2) I was unable to do so as my vehicle was already too near. (Change this statement.)  
3) Change to (OD claims)



Policyholder / Driver's Signature  
Date: 28 JAN 2019

*G. S. S. S.*



Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A  
Date: 28 JAN 2019