### 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	31/01/2019 14:37		
Date Of Accident	30/01/2019 17:25		
Exact Location Of Accident	AYE TOWARDS JURONG (AFTER NORMANTON PARK)		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKL3983A		
Insured/Policyholder			
Name Of Registered Owner	GENETRON ENGINEERING CORPORATION PTE LTD		
Co Reg No	197301576G		
Email Address	SALES@GENETRON.COM.SG		
Mobile Phone No	(LOCAL) +65-98338911		
Alternative Phone No	OFFICE-98338911		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	CAMRY-2.5 (A)		
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	THIRD PARTY		
Vehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	A 27748621 MCY		
Cover Note Number			
Driver			

#### Driver

Name of Driver LEE PHUAY LING (LI PEILING)

NRIC No S7419280G
Date Of Birth 15/06/1974
Occupation OUTDOOR
Date Of Driving Pass 22/07/1997

Driving Experience 21 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98338911

Fax Number

Contact Number OFFICE-98338911

EMail Address SALES@GENETRON.COM.SG

Address BLK 362 CLEMENTI AVENUE 2

#04-415

Postcode 120362

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

NO

#### **Details of Police Action**

Was the accident reported to the police?

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

#### 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 SLM9989C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver HERMAN YONG HAN LIN

NRIC/Passport Number S8836388D Contact Number 96330834

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **Accident Sketch Plan**

		SKETCH PLAN			
			Vehide No:		
	IMPORTANT NOTICE				
1)	Please report correctly the details of the acciden	It to speed up the claims process.			
2)	This Form must be completed by the Policyhold				
3)			or withholding of material facts may allow insurance		
	companies to repudiate policy liability.				
4)	The Issue & acceptance of this Form by Insurant	e companies is not an admission of policy liabi	lity on the part of the insurance companies.		
5)	Any false reporting may be referred to the Police	e for investigation.			
6)	for archiving and that copies of this report will it	the GIA Records Management Centre establish	ned by the General Insurance Association of Singapore (GIA		
7)	By the lodgement of this report to the insurers	or a ree be made avaisable upon application by	y interested parties.  port at the centre and to copies of the report being made.		
	available aforesaid.	you remay consent to the arthresign this re-	porces the certifie and to copies of the report being made		
8)	Consent under the Personal Date Protection A	ct (PDPA): I understand, acknowledge, agree a	ind consent that:-		
	<ul> <li>a) My insurer, my workshop &amp; the General is</li> </ul>	nsurance Association of Singapore ("GIA") may	/are permitted to collect, use, disclose and/or process my		
	personal data/personal information set of	at in this [form] and any other personal inform	ation provided by me or possessed by my insurer		
	(collectivery the "Personal Information") a	and disclose & transfer such Personal Informati	ion to all Insurer(s) who have insured vehicle(s) involved in e collectively referred to as the "Insurers"), the Insurers'		
	lawyers/law firms, the Monetary Authorit	ty of Singapore & any relevant government age	ency/authority (such as the police), for the purpose(s) of		
	<ol> <li>processing, handling and/or dealing wi</li> </ol>	th my claims including the settlement of the d	aims & any necessary investigations relating to the claims:		
	<ul><li>(II) carrying out and/or dealing with my Ir</li></ul>	structions or responding to any enquiries by m	ne;		
	(IV) administering my claims (including th	e mailing of correspondence, statements, invo	pices, reports or natices to me, which could involve disclose		
	(V) complying with applicable law in adm	g about delivery at the same as well as on the	external cover of envelopes/mail packages); and/or		
	<ul> <li>(V) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")</li> <li>All insurer(s) involved in this accident and the insurers' law firms, may/are permitted to collect, use, disclose and/or process my Personal</li> </ul>				
	Information for one or more of the above	e 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.				
	PLEASE MOTE VOLUE INSURER MAY HAV	E & 14 DAY-TIMEERAME FOR YOU TO SUBMIT	AN OWN DAMAGE CLAIM UNDER YOUR OWN POUCY.		
	ENGINEERING CORPORATION PTE LTD	TA TA DATE TIME TAKEN FOR TOO TO SOOM!!	AN OWN DAMAGE COAIM ONDER BOOK OWN POUCY.		
	101 Kitchener Road # 83.75	lins	12/2/10/2019		
	John Ower Plans, Singapore 208511 Tel: 62932938 West 22910256	-/-	( DI DI		
	From surface places - 10 10 10 10 10 10 10 10 10 10 10 10 10	Driver's Ignature (Date & Time)	Witnessed by Reporting Center		
	"CRES", TIMESENADOL.com.sg	(If driver is not the policyholder)	Personnel		
	Sketch Plan				
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	V////// A	1 4 1 4 1			
	//////	4 , 4 , 4			
		1 1 1			
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	1///////	1 1 1	Vehicle A: SKL3983A		
	//://	1 1	Vehicle B: SLM9989C.		
	1. 3.	1 1 1			
	533 //				
	353/				
	AREIT ASCENDAS SULCONS				
	111				
			MUE Howards Juring		
		I I A	(after Normanton Park)		
		, ,	*		
		1 1 10			

# **Accident Sketch Plan**

escribe Cir	rcumstances of the Accident
In	was travelling along the towards Junng (after normanton Par
On 30 Troffic	was heavy and show moving.
The vo	phicles in first stopped, so I pollowed and come to a
etop . 4	almost instantly, vehicle B came from behind and hist anto
my sta	ationary vehicle 4.

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

GENETICON
ENGINEERING CORPORATION PTE LTD

101 Kitchene Road # 03-15

John Baser Plans, Singapore 206511

Tol: 62952938 Paix: 62916396

Imal sheripyaeron, con. sp / generon franchischen. sp

Website www.generon.com. sp

Dollowholder's Signature

Deputar's Signature

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not policyholder)

Date & Time

Mitnessed by Reporting Centre

Personnel

































