

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	09/02/2019 10:36
Date Of Accident	05/02/2019 06:25
Exact Location Of Accident	JUNCTION OF BEACH ROAD AND OPHIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8432A
Insured/Policyholder	
Name Of Registered Owner	HUA'S FOAM WASALY SPRING MATTRESS PTE LTD
Co Reg No	200106841W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96104343
Alternative Phone No	OFFICE-62893388

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 D MT ABS AIRBAG 2WD 6DR (A)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065693026-04
Cover Note Number	22/06/2018 TO 21/06/2019

Driver

Name of Driver	CHUA KHEY HENG FREDDIE
NRIC No	S7507536G
Date Of Birth	10/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96104343
Fax Number	
Contact Number	
Email Address	FREDCHUAKH@GMAIL.COM

Address	BLOCK 249 YISHUN AVENUE 9 #09-187
Postcode	760249
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	SIDE SWIPE
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)	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 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	SKW7013R
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	SUNG HONG MENG STEVEN
NRIC/Passport Number	S7609065C
Contact Number	9770 0553
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT FRONT PORTION
No. Of Passenger (Including Driver)	2

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.

華市華莎莉 私人有限公司
HUA'S FOAM WASLEY PRIVATE LIMITED

Policyholder's Signature
Date & Time:

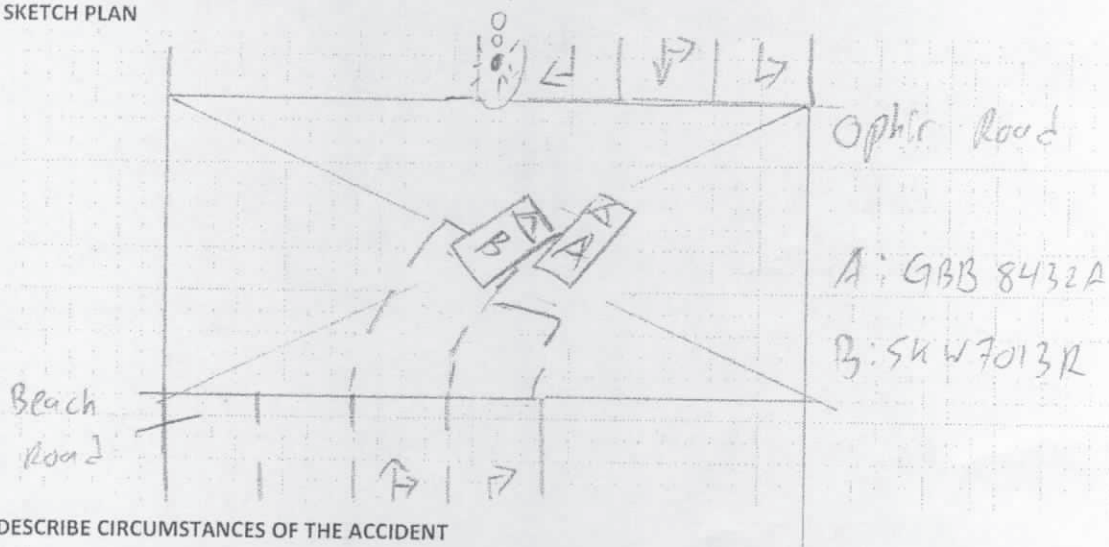
Driver's Signature
(If driver is not the policyholder)
Date & Time:

09/02/19C 1050h/p

Reporting Centre Personnel's Signature
Name: Lam Wei Shun
NRIC/FIN No.: 60864052R

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 05/02/2019 at about 0625hrs, I was driving my vehicle (A: GBB 8432A) on the extreme right lane along Beach Road turning right into Ophir Road. When the traffic turn green, I proceed to turn right. Suddenly I felt an impact on my vehicle's left portion and realised that vehicle (B: SKW 7013R) which travelling on my left lane approaching onto my lane and hit onto my vehicle's left portion. Nobody was injured in this accident.

vehicle A (GBB 8432A) - No passenger on board.

vehicle B (SKW 7013R) - 1 female adult passenger on board

DECLARATION

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

華南保險有限公司
HUA'S FOAM WASHLY INSURANCE CO. LTD.

Policyholder's Signature
Date & Time:

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

Date & Time: 09/02/19 01050hrs

Reporting Centre Personnel's Signature

Name: Lam Si Shing
NRIC/FIN No.: 66864052R