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.

	ACCIDENT STATEMENT				
Date Of Report	29/03/2019 09:52				
Date Of Accident	29/03/2019 08:45				
Exact Location Of Accident	KALLANG AIRPORT WAY				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	XD4494B				
Insured/Policyholder					
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD				
Co Reg No	199904117E				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-89999999				
Vehicle Particulars					
Manufacturer	MITSUBISHI				
Model	FV51JJD4RDEA				
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	THIRD PARTY				
Fleet Policy	NO				
Policy Number	DMCVSN1801801901				
Cover Note Number					
Driver					

Name of Driver

NRIC No

S1758947D

Date Of Birth

12/01/1966

Occupation

OUTDOOR

Date Of Driving Pass

19/09/1991

Driving Experience 27 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81548181

Fax Number

Contact Number OFFICE-81548181

EMail Address NOEMAIL

Address BLK 363 HOUGANG AVENUE 5

#10-290

Postcode 530363

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 Registration Number of Driver's Own Vehicle

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

as any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SJB4912M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ALI BIN ABDUL HAKIM SAYAT

1

NRIC/Passport Number S8809361E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Accident Sketch Plan

SKETCH PLAN

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- 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:

- 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)
 - (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
- 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.
- 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 Personn

s Signature

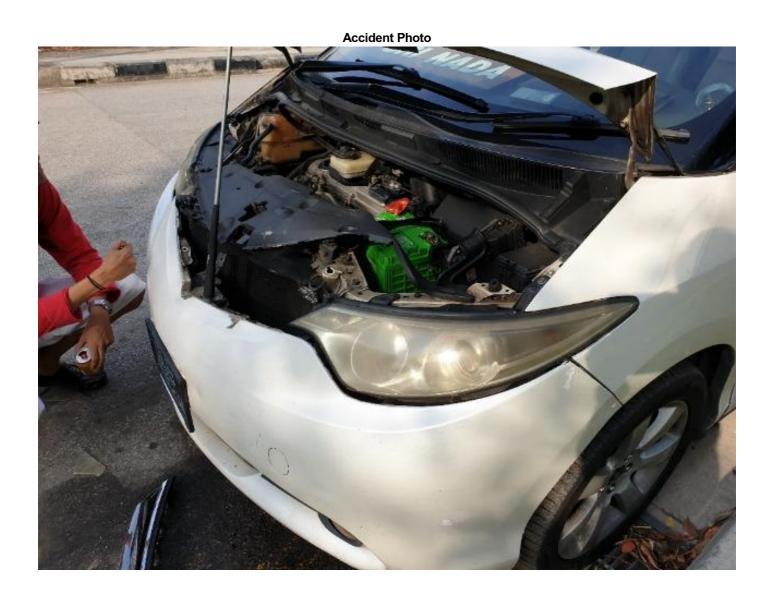
Name

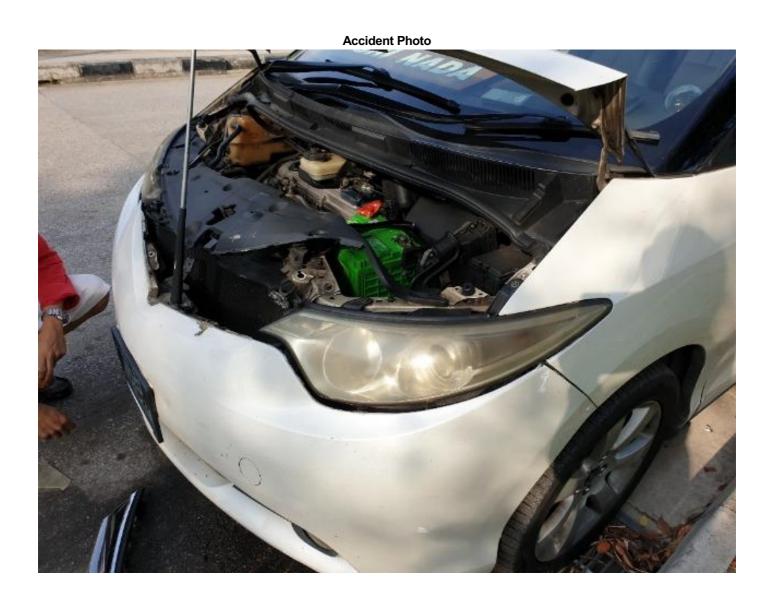
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN			
Kolking Richard Way.	A A B	A XD WANG B SJ8 WWW M	
DESCRIBE CIRCUMSTANCES	DF THE ACCIDENT		
Redir to state	neot.		
Ve declare the foregoing particu		de Ta	
olicyholder's Signature rate & Time:	Driver's Signature (If driver is not the policyhold Date & Time:	Reporting Centre Personnel's Sign	nature

















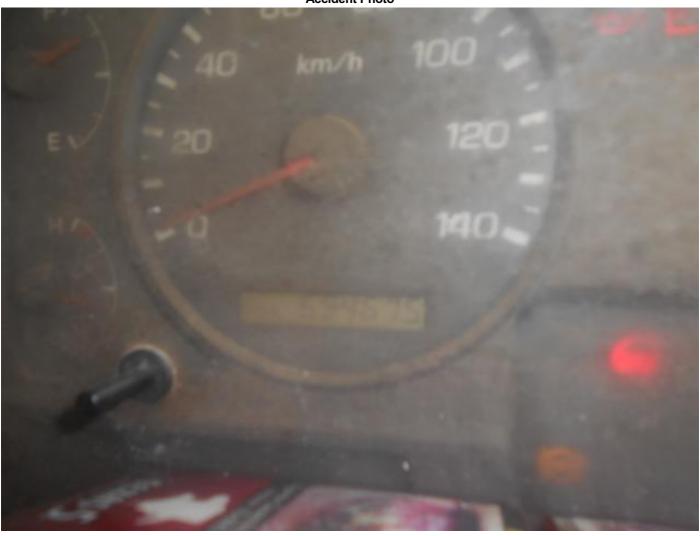












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$665500306 / GST Reg. No.: M400017735

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

		ADDEND	UM		
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No	MNA119040798	Vehicle Registration No:	XD4494B	
	Name(as shown in NRIC)	LEE KOK LEONG	_NRIC/FIN/Passport No :	-30460330	
	(*Vehicle Driver/	Hicle Owner) (*) Please delete as ap			
	Address	BLK 363 HOUGANG AVENUE 5	#10-290	Singapore(530363)	
	Contact (Tel)		_Mobile No.: 81548181		
	Email Address				
	Date of Accident	29/03/2019	_Time of Accident : 08:4	45	
	Place of Accident :	KALLANG AIRPORT WAY	- 27 (0.00000000000000000000000000000000000		
	Insurance Company:	China Taiping Insurance (Singa	apore) Pte. Ltd.		
	Amend third party v	vehicle registration number			
	Policyholder / Driver's	Signature		1m	
	Date:	ognature .	Reporting Centre Pers Name: NRIC/FIN No.: Date:	nnel's Signature	