

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	28/03/2019 16:45
Date Of Accident	27/03/2019 14:00
Exact Location Of Accident	PAYA LEBAR TOWARDS SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2080X
Insured/Policyholder	
Name Of Registered Owner	HUA HENG ELECTRICAL SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87437803
Alternative Phone No	OFFICE-87437803

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3050541800
Cover Note Number	

Driver

Name of Driver	GOVINDASAMY BALASUBRAMANIAN
Work Permit No	F7741825M
Date Of Birth	05/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87437803
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
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	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 attached report.

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	SCA61H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW NG MOI
NRIC/Passport Number	S1852486D
Contact Number	88586161
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

HUA HENG ELECTRICAL SERVICE
 9 PARK VILLAS TERRACE
 SINGAPORE 545316
 COMPANY REG: 53058652E

Policyholder's Signature: 3000 FAX: 6404 2336

Date & Time:

28/03/19
 11:45am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/03/19
 11:45am

HUA HENG ELECTRICAL SERVICE

9 PARK VILLAS TERRACE

SINGAPORE 545316

COMPANY REG: 53058652E

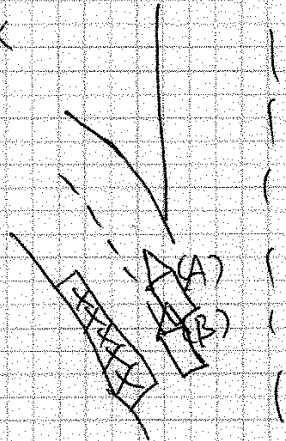
FAX: 6404 2336

Personnel's Signature

SKETCH PLAN

A: GBB 2080 X

B: SCA 61H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at Paya Lebar turning towards
 Sim Ave. At the turning lane there was two
 lane, on my left ~~lane~~ lane there was some
 repair road work, suddenly I heard a lot ~~large~~
 on my left of my rear lorry. I stop the lorry
 and come down my vehicle to take a look. I saw
 vehicle B (SCA 61H) cut into my lane as she ~~was~~
 to avoid the side ~~of~~ road as there was construction
 work going on. I took a few photos of the
 accident before I shifted my lorry. The photos can
 see vehicle B was cutting into my lane.

DECLARATION

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

HUA HENG ELECTRICAL SERVICE
 9 PARK VILLAS TERRACE
 SINGAPORE 545316

Policyholder's Signature: [Signature]
 Date & Time: 28/03/19 11:40am

COMPANY REG: 53058852E
 FAX: 64012330

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HUA HENG ELECTRICAL SERVICE
 9 PARK VILLAS TERRACE
 SINGAPORE 545316

COMPANY REG: 53058852E
 FAX: 64012330

NRIC/FIN No.: