

## 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	15/04/2019 15:01
Date Of Accident	13/04/2019 15:30
Exact Location Of Accident	WATERWAY POINT AT PUNGGOL WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7452Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NATURE'S GLORY TECHNOLOGY PTE LTD
Co Reg No	200923275H
Email Address	CHRISLIM@NATURES-GLORY.COM
Mobile Phone No	(LOCAL) +65-90400873
Alternative Phone No	OFFICE-91231186

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA-3.0 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800115184
Cover Note Number	

### Driver

Name of Driver	KWEK HUANG KOON
NRIC No	S1147374A
Date Of Birth	07/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90400873
Fax Number	
Contact Number	OTHERS-91231186
E-Mail Address	CHRISLIM@NATURES-GLORY.COM

Address	BLK 231 PASIR RIS DRIVE 4 #07-456
Postcode	1851
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 - MAJOR/MINOR RD
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

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	SMH299J
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG ZHISHENG
NRIC/Passport Number	S8424714F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## 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.

Nature's Glory Pte Ltd

315 Outram Road #01-09

Tan Boon Liat Building

Singapore 169074

Tel: 65-62271318 Fax: 65-62270868

[www.natures-glory.com](http://www.natures-glory.com)

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

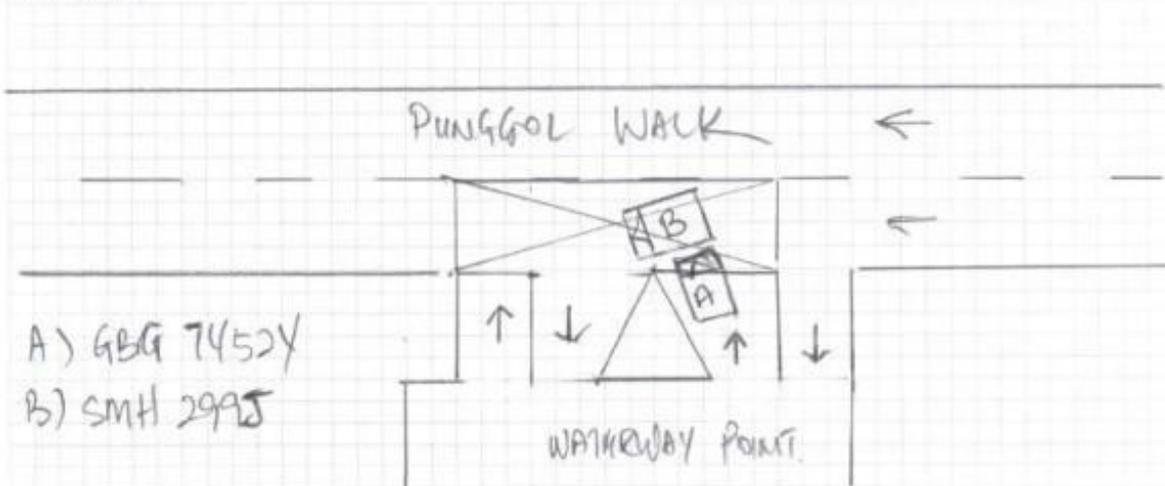
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/04/2019 AT ABOUT 15:30 HRS I WAS AT <sup>Way</sup> WAYPOINT AND WANTED TO EXIT FROM THE SHOPPING CENTRE. AFTER LOOKING AT THE RIGHT SIDE NO VEHICLE SO I INCH OUT. SUDDENLY A CAR SMH 2995 APPEAR IN FRONT OF ME I JAM BRAKE BUT MY LORRY GBG 7452Y FROM MICH MIRROR HIT THE LEFT REAR OF THE SAID CAR.

DECLARATION

I/We hereby declare that the above information is true in every respect.

**Nature's Glory Pte Ltd**  
315 Outram Road #01-09  
Tan Boon Liat Building  
Singapore 169074

Policyholder's Signature  
Date & Time:                       
Tel: 65-62271110 Fax: 65-62270060  
www.natures-glory.com (If driver is not the policyholder)  
Date & Time:                     

Reporting Centre Personnel's Signature  
Name: Roshni Mahalingam  
NRIC/FIN No.:                       
15/04/2019

Accident Photo



Accident Photo



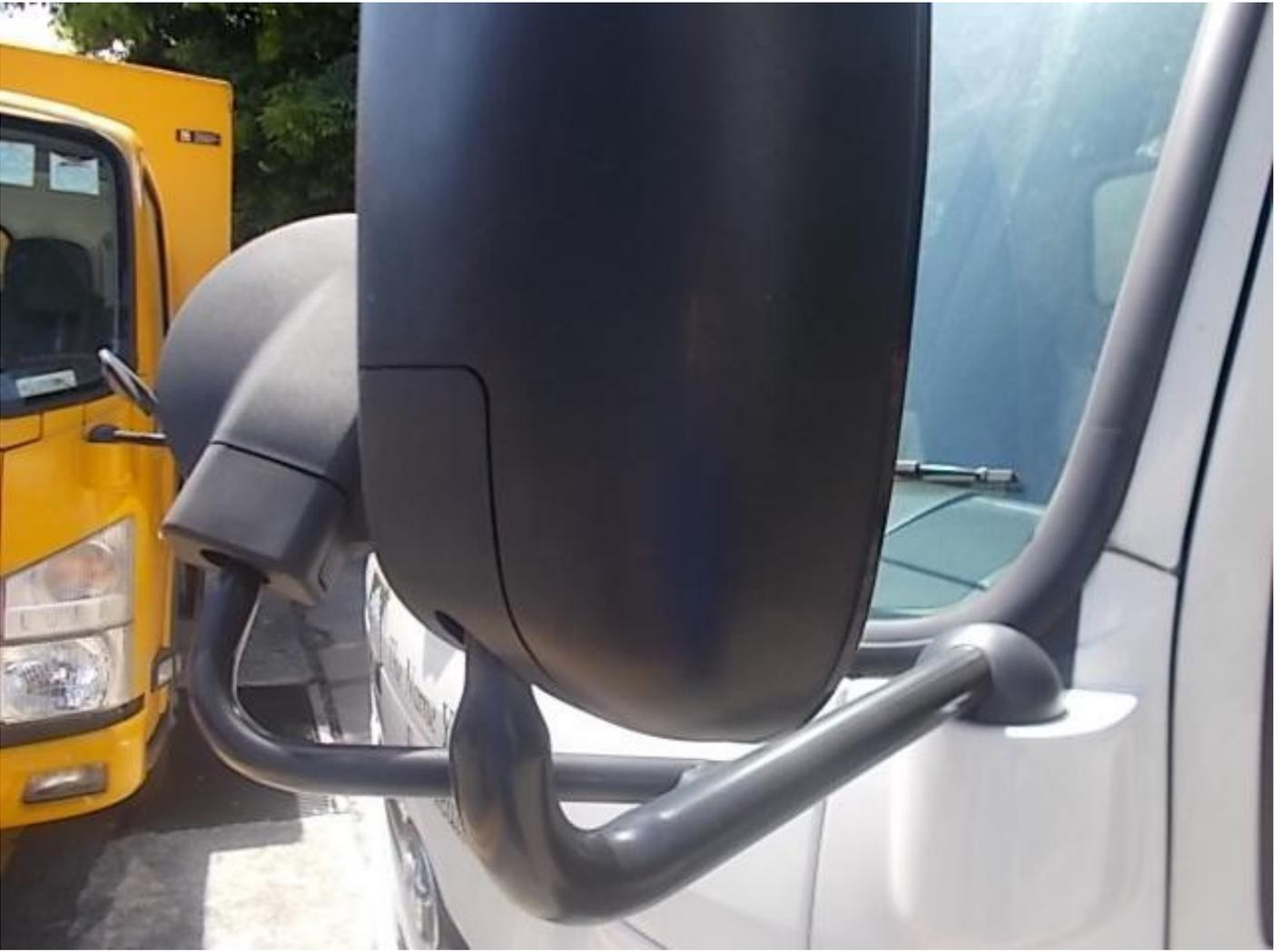
Accident Photo



Accident Photo



Accident Photo

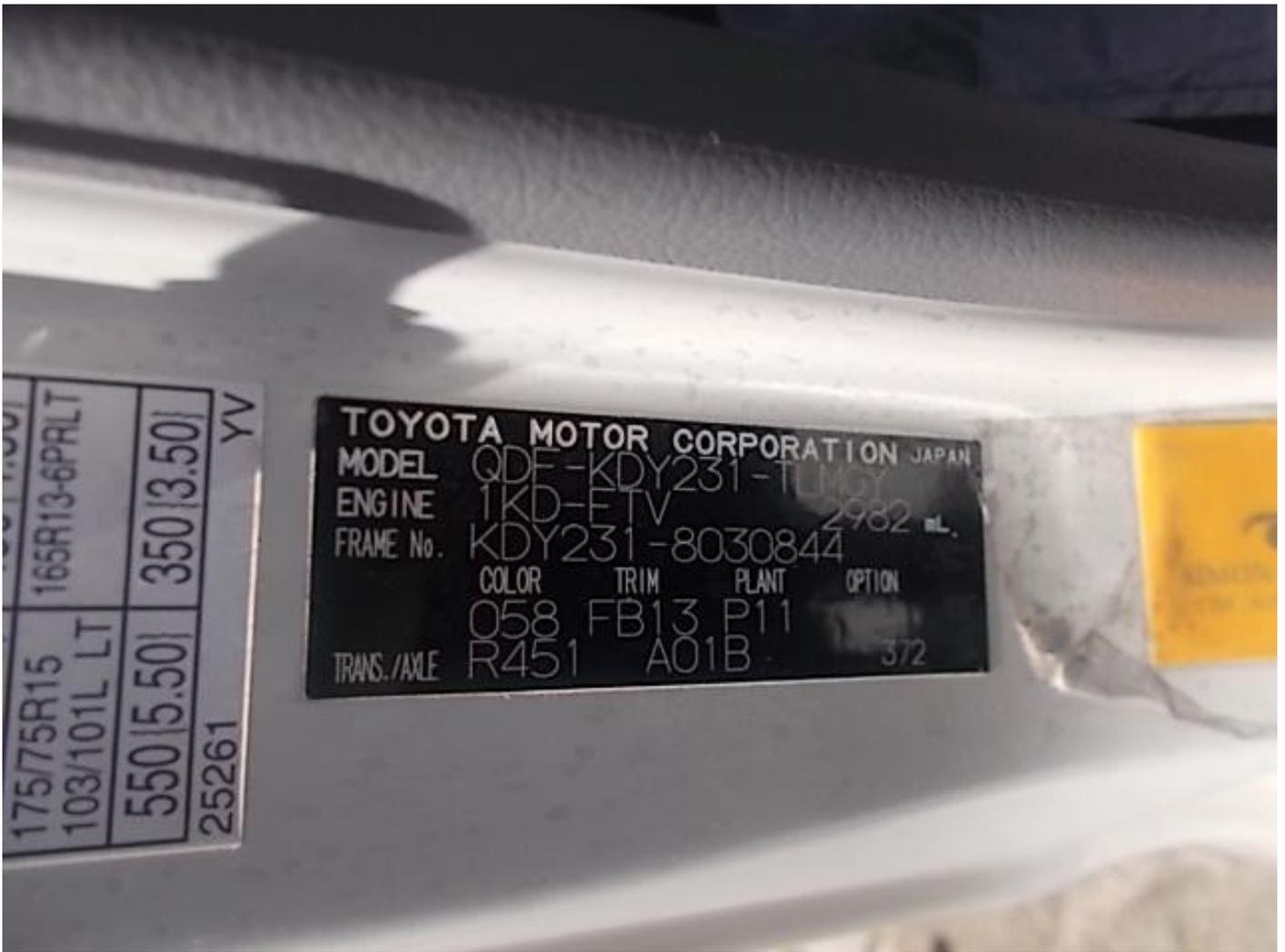


Accident Photo



NATURE'S GLORY TECHNOLOGY PTE. LTD.  
315 OUTRAM ROAD #01-09 TAN BOON LIAT BUILDING  
SINGAPORE 169074  
ROC: 200923275H  
1 DRIVER 2 OTHERS

Accident Photo



Accident Photo



Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0050 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665200200 / GST Reg. No: M400017732

**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 : MIA49048873 Vehicle Registration No: GRG 7452Y  
Name (as shown in NRIC) : KWAK HONG KOON NRIC/FIN/Passport No : S1147374A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91231186  
Email Address : \_\_\_\_\_  
Date of Accident : 12/04/2019 Time of Accident : 15:30  
Place of Accident : L'Amourway Bldg. AT Puchong Work  
Insurance Company : AIK

(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:

T/P Vehicle number to SMH 299J  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

[Signature] 15/04/2019  
Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No:  
Date: