

## 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	20/04/2019 14:22
Date Of Accident	19/04/2019 13:45
Exact Location Of Accident	JUNCTION OF HOUGANG STREET 51/HOUGANG STREET 52
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6415C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUA HONG VEGETABLE DEALER
Co Reg No	32259200C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91395031
Alternative Phone No	OFFICE-91395031

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR69
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3068141802
Cover Note Number	

### Driver

Name of Driver	GOH CHEE KHOON
NRIC No	S1134459C
Date Of Birth	20/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1972
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91395031
Fax Number	
Contact Number	OTHERS-91395031
Email Address	NOEMAIL

Address	BLK 537 HOUGANG STREET 52 #16-88
Postcode	530537
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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)	2
Passenger 1	NAME: : CHUA AH CHIW GENDER: : FEMALE

#### 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 Witness 1

Name	TAXI DRIVER
Phone Number	83771077
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG4218J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name GOH CHEE KHOON  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GZ6415C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHUA AI CHIW  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GZ6415C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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:

- (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.

華豐蔬菜批發商

吳志坤

Policyholder's Signature  
Date & Time:

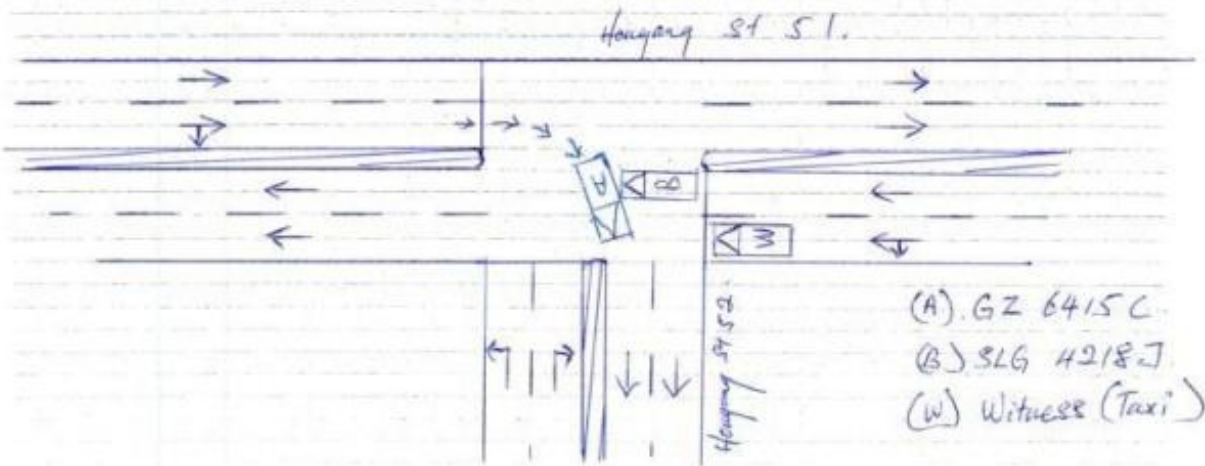
吳志坤

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

20/06/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:   
2019062019

# Accident Sketch Plan

STREET PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/04/19 at @ 1345 hrs, I was travelling in my lorry (GZ 6415C) along Honggang St S1 on the right lane before the junction of Honggang St S2. I signal right and stopped at the junction waiting to turn into Honggang St S2. When the traffic light turn red with ~~arrow~~ green arrow, I saw a taxi (SLB 2117D) stopped at the opposite direction and I proceed to make my right turn. As I was in the process of turning, a car (SLG 4218J) from opposite ~~beat~~ the red light and collided onto the left side of my vehicle. The taxi driver make a U-turn back after the accident and give me his contact number. He said that he is willing to be my witness, as he saw the vehicle 'B' ~~beat~~ <sup>beat</sup> the red light and collided onto my car.

## DECLARATION

華豐蔬菜批發商

吳志坤

Date: 20/04/2019

吳志坤

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

Reporting Person's Signature

NOTE:

20/04/2019  
Kerli Lim H03



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

CHASSIS NO: JAANHR69E 6T100224  
W : 1500KG  
L-W : 3500KG  
SS CAP : 02  
E SIZE : F 600R-15-8 P  
: R 550R-13-8 P(D)

# Identification Card

