SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.

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	ACCIDENT STATEMENT		
Date Of Report	07/05/2019 17:31		
Date Of Accident	04/05/2019 16:30		
Exact Location Of Accident	PIE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBA7539M		
Insured/Policyholder			
Name Of Registered Owner	NET LINK LEASING PTE LTD		
Co Reg No	201601105K		
Email Address	WEIHONG.NETLINK@GMAIL.COM		
Mobile Phone No			
Alternative Phone No	OFFICE-88281661		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	HIACE MANUAL		
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	REPORTING ONLY		
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	DMCVSN1905461900		
Cover Note Number	29/1/19-28/1/20		
Driver			
Name of Driver	SOH WEE CHONG		
NRIC No	S9309373I		
Date Of Birth	20/03/1993		
Occupation	INDOOR		
Date Of Driving Pass	20/09/2012		
Driving Experience	6 YEARS AND 7 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-88281661		
Fax Number			

NOEMAIL

Address BLK 141 PETIR RD #09-272

Postcode 670141

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

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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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

NAME:

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

GENDER: : MALE

: HAFIZ

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

AFTER EXITING OUT FROM PIE EXIT 19, I SLOWLY WENT FROM LANE 4 TO LANE 3. OUT OF SUDDEN, M/CAR(B) STOP HIS VEHICLE. I COULD NOT STOP ON TIME AND COLLIDED ONTO THE LEFT REAR OF M/CAR(B). I HAVE 1 PASSENGER ONBOARD. NO ONE WAS INJURED.

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 SJY7451K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEE TOH HSUNG DESMOND

NRIC/Passport Number \$7309945E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 6BA 7539M INSURER : China DATE & TIME: 4:5:19

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- 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)

Lunderstand, 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:
 - 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Effe da

NRIC/FIN No.:

Sketch Plan #2

KETCH PLAN		
	bile (1)	A = GBA 7539M B = SJY 7451K S9309945 E W Foh Hsunn, Desm
DESCRIBE CIRCUMSTANCES O	FTHE ACCIDENT OUT FUN PIE	exit 19, I slowly went Out of suddin, m/rar CB) stop on time and collided 3). one was injured.
from lane 4	to lane 3.	out of sudden, m/rar (B)
stop his vehic	u. I could not	stop on time and collided
onto the left.	lear of m/car CB	3).
I have tpast	ger omboard. No	one was injured.
	*	
)(i
Note: Please note that your	insurer may have 14days Ti	ime Frame for you to submit an Own Damage Claim
under your own comp	rehensive policy. Please che	eck with your policy for more information.
DECLARATION //We declare the foregoing particul	lars are true in every respect.	7/5/19
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
late & Time	(If driver is not the policyhold Date & Time:	
	m Own Policy () Claim Th m OD/TP at other workshop (_	

Sketch Plan #3

















