

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	24/05/2019 16:14
Date Of Accident	11/05/2019 09:40
Exact Location Of Accident	INFRT OF #04-07 NORTH LINK BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3759K
Insured/Policyholder	
Name Of Registered Owner	M/S SONG JIANG FURNITURE TRADING
Co Reg No	36354500W
Email Address	SJFURNITURE@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68534336

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1609811903
Cover Note Number	

Driver

Name of Driver	JIAO XIJUN
Passport No/FIN	G8310794X
Date Of Birth	23/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84220410
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	10 ADMIRALTY STREET #04-70 NORTH LINK BUILDING
Postcode	757695
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	COLLIDED INTO PARKED VEHICLE
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)	0

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

PLS REFER TO THE ATTACHED STATEMENT.

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	YP1189C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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

松江傢俬有限公司 (Song Jiang Furniture Trading Co., Ltd.) consents under any regulations, laws or court orders.

SONG JIANG FURNITURE TRADING
NO. 10 ADMIRALTY STREET #04-70
NORTH LINK BUILDING
SINGAPORE 757695
TEL: 68534336 FAX: 68534337

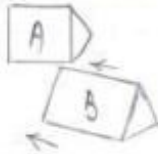
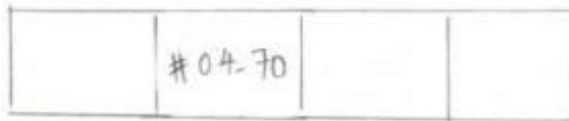
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



A = GBC3759K

B = YP1189C

#04-07

North Link Building

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/5/19 I parked my vehicle (GBC3759K) in front of #04-07 North Link Building. When I go for my next round delivery and I found there is a dent on front right hand side in my vehicle(GBC3759K) and informed my boss(Mr Goh). Mr Goh approached management for CCTV footage and was told to wait.

On 21/5/19 Mr Goh get CCTV footage from management, base on CCTV the vehicle(YP1189C) that delivery goods to our next door shop have knock my vehicle(GBC3759K). Mr Goh get the contact from the next door shop, called the driver of vehicle (YP1189C) and the driver asked us to go ahead to make insurance claim.

DECLARATION

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

松江傢俬貿易
SONG JIANG FURNITURE TRADING

NO. 10 ADMIRALTY STREET #04-70
NORTH LINK BUILDING
SINGAPORE 757695

TEL: 68534338 FAX: 68534337

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 Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

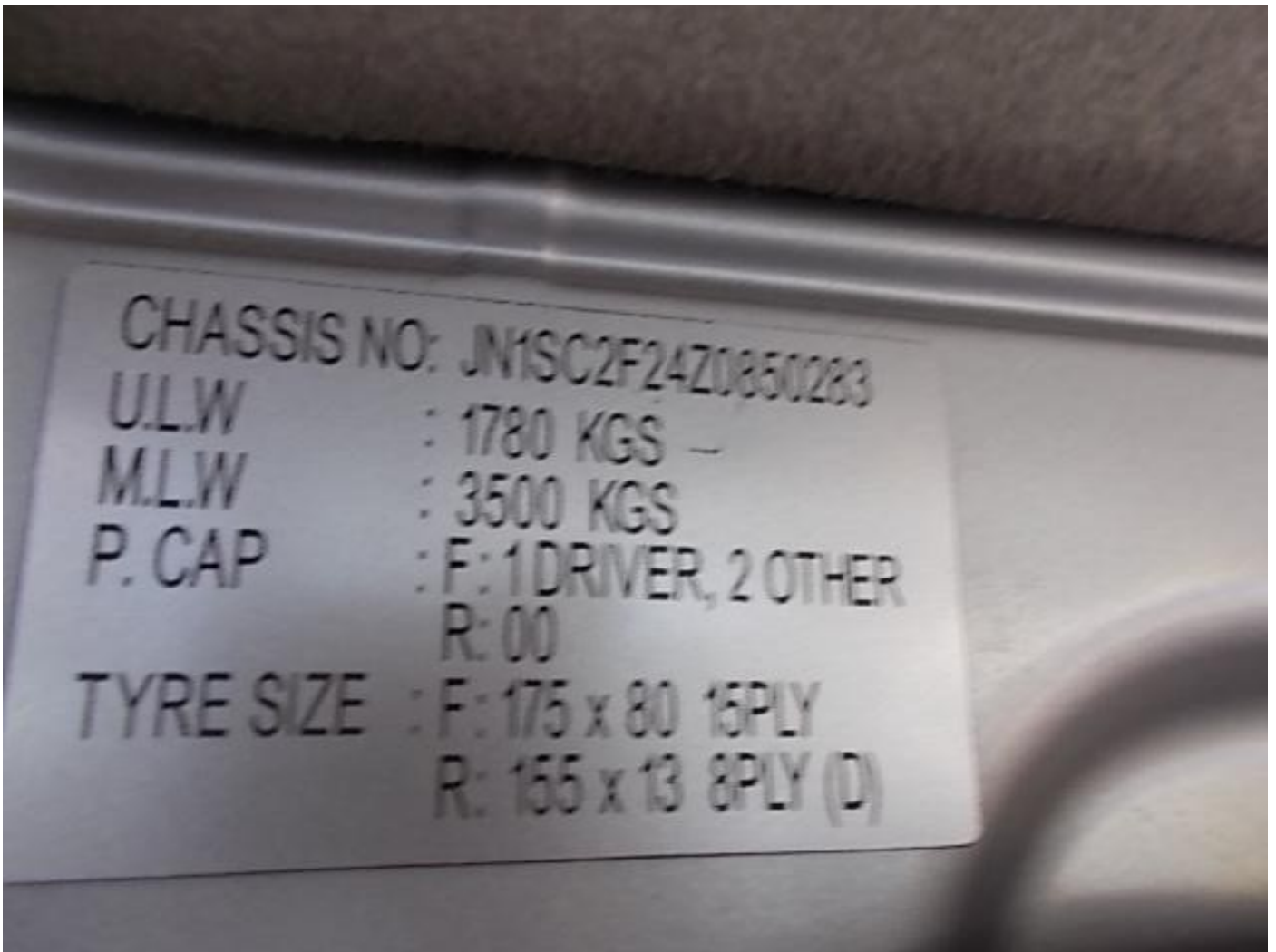


Accident Photo



Accident Photo





CHASSIS NO: JN1SC2F24Z0850283
U.L.W : 1780 KGS —
M.L.W : 3500 KGS
P. CAP : F: 1 DRIVER, 2 OTHER
R: 00
TYRE SIZE : F: 175 x 80 15PLY
R: 155 x 13 8PLY (D)

Identification Card



GBC 3759K
driver

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Description	Expiry Date
Class 1	Motor cars with unladen weight <= 2000kg with or without engine, including all driven and other similar vehicles with unladen weight <= 2000kg	10 Nov 2028

MP 1288



VISIT PASS

