

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	14/06/2019 09:41
Date Of Accident	13/06/2019 13:50
Exact Location Of Accident	ALONG JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5308A
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	KINHOE.NG@KTCGROUP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96155910

Vehicle Particulars

Manufacturer	VOLVO
Model	FMX370 64R SLEEPER CAB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1800721901
Cover Note Number	

Driver

Name of Driver	LEE KOK SEONG
NRIC No	S2678213I
Date Of Birth	21/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96193339
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 218 JURONG EAST STREET 21 #04-569
Postcode	600218
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 - CHANGE/CROSS LANE
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN5971Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE XINHENG, JOHNSON
NRIC/Passport Number	S8305842J
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.



Policyholder's Signature

Date & Time:

14-6-2019 0900hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

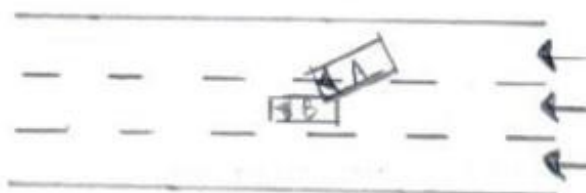
Name:

NRIC/TIN No.:

Individual Statement

SKETCH PLAN

ALONG JURONG TOWN HALL RD



A - XD5308A

B - SJN5971Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 13th June 2019 at around 1350hrs, I was driving XD5308A along Jurong Town Hall Road towards PIE, suddenly a car (SJN5971Y) collided to my front left bumper. No one injured.

DECLARATION

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


Policyholder's Signature
Date & Time:

14-6-2019 0900hrs


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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



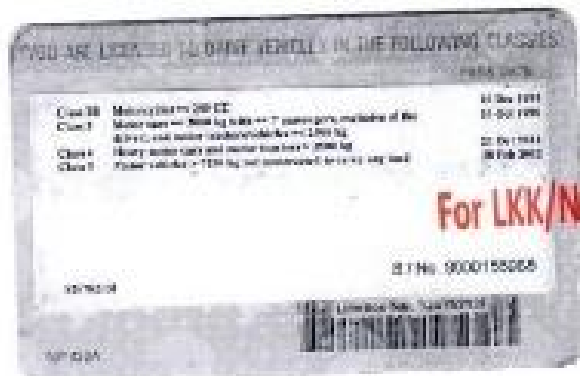
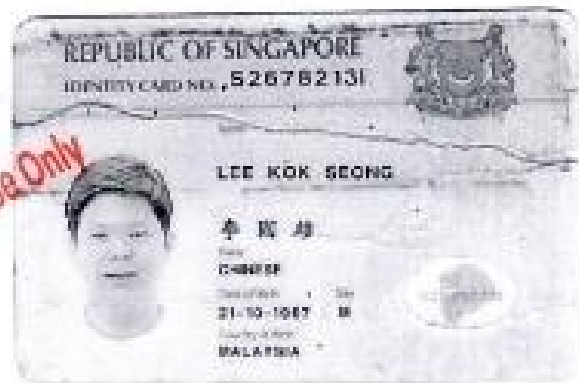
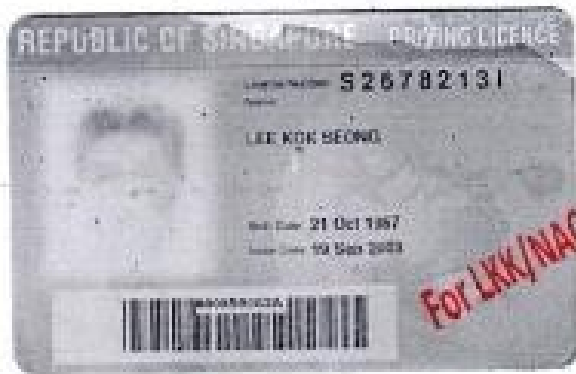
Accident Photo



Accident Photo



Identification Card



PRIVATE SETTLE

PRIVATE SETTLEMENT FORM

1. We, the undersigned agree to mutually settle among ourselves a motor accident as follows:

Date / Time: 13/06/2019 1350 hrs

Location: Jurong Town Hall Road

Involving vehicle registration numbers: SJN5971Y & XD5308A

2. Both parties have declared as follows:

- a. There are no bodily injuries or death involved to any party;
- b. There is no any other vehicle involved in the accident;
- c. There is no government property damaged due to the accident;
- d. The parties have agreed to settle this matter amicably as follows: *tick as applicable.
☐ Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

☒ Without any admission of liability, FOR 100% TRANSPORT & ENGINEERING WORKS PTE LTD has paid a sum of S\$ 1600.00 which LEE XINHENG, JOHNSON hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident;

- e. Both parties have not and will not make a police report of this accident;
- f. Both parties will not file any accident claims for this accident;

Paying Party	Owner Receiving Party
	
NG KIN HOE S1893038E	S6305842J
Signature _____	Signature _____
NRIC	NRIC
<small>FOR 100% TRANSPORT & ENGINEERING WORKS PTE LTD</small>	
Full Name _____	Full Name (Owner of vehicle) _____
64874646	LEE XINHENG, JOHNSON
Contact Number _____	Contact Number (Owner of vehicle) _____
XD5308A	90682746
Vehicle Number _____	Vehicle Number _____
14-June-2019	SJN5971Y
Date _____	Vehicle Number _____
	14-June-2019
	Date _____