SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	10/07/2019 10:14	
Date Of Accident	09/07/2019 15:40	
Exact Location Of Accident	JUNC OF GUILLEMARD RD & LOR 22 GEYLANG	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ6160E	
Insured/Policyholder		
Name Of Registered Owner	BLU VENTURES PTE LTD	
Co Reg No	-	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-69396200	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	DYNA	
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	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DHOM110168781900	
Cover Note Number	-	
Driver		
Name of Driver	TAN PENG SOON (CHEN BINGSHUN)	
NRIC No	S7123646C	
Date Of Birth	14/07/1971	
Occupation	OUTDOOR	
Date Of Driving Pass	04/09/1998	
Driving Experience	20 YEARS AND 10 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96934326	

NOEMAIL

BLK 227 SIMEI ST 4 #09-44 Address

Postcode 520227

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

2

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJV883J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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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- The 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.
- 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:
 - 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:
 - 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.

BLU VENTURES PTE LTD

66 Tannery Lane #02-03, SINDO Building, Singapore 347805 T: +65 6939 6200 F: +65 6747 3647 E: bluventures@singnet.com.sg

> 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

-			
ov 72	Soylang		
			A= GEJ 6160 E B= SJV 883J.
-	8		E= 22 / 8832.
	1/2		
	(A)		
	181	Guillemard	Rd.
DESCR	BE CIRCUMSTANCES OF THE ACCIDENT		
	Please Refer	to State	ment
	2		
		1	
	4700		
DECLAR I/We dec	NATION clare the foregoing particulars are true in every r	espect.	
I/We dec		espect.	#

Accident Sketch Plan

I WAS TRAVELLING ALONG GUILLEMARD RD ON THE CENTER LANE, WHILE APPROACHING JUNC WITH LOR 22 GEYLANG, THE LIGHT WAS ON MY FAVOR AND THE CENTER LANE I WAS DRIVING IS FOR TURNING LEFT AND GOING STRAIGHT LANE, WHILE TURNING LEFT INTO LOR 22 GEYLANG, SUDDENLY VEH B COME FROM THE EXTREME LEFT LANE (ONLY FOR TURNING LEFT) GOING STRAIGHT CROSS THE JUNC, AS THE RESULT, WE BOTH VEH COME TO A COLLISION.

DRIVING DOC



























