

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	25/07/2019 16:43
Date Of Accident	24/07/2019 16:15
Exact Location Of Accident	PAYA LEBAR RD TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6675H
Insured/Policyholder	
Name Of Registered Owner	EXPO AV-INSYNC PTE LTD
Co Reg No	200609137R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67485245

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092545335-02
Cover Note Number	

Driver

Name of Driver	WONG KIN HOO
NRIC No	S7045340A
Date Of Birth	27/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-87493818
Fax Number	
Contact Number	OFFICE-87493818
EEmail Address	NOEMAIL

Address	BLK 132 RIVERVALE STREET #03-802
Postcode	540132
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	NO COLLISION
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?	
Was any other material or property damaged?	NO
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

REFER TO 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	SJH8725D
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)	2

Passenger 1

NAME: :
GENDER: :

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.

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


SKETCH PLAN

Page Number and Tools
P/E (charging)

A: YP6673H
B: JH87VD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Histogram.



The graph shows a straight line starting from the origin (0,0) and extending upwards and to the right. The x-axis is labeled 'Time' and the y-axis is labeled 'Distance'. This represents a constant positive slope, indicating a constant rate of change.

DECLARATION

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

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING IN BETWEEN OF BOTH LANES. THE DRIVER OF VEHICLE B CLAIM THAT HIS LEFT SIDE MIRROR WAS DAMAGED. I ALIGHT FROM MY VEHICLE AND CHECKED THERE WAS NO DAMAGES ON MY VEHICLE. I WISH TO STATE THAT DURING THE TIME OF ACCIDENT WAS CONGESTED.

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

The Following Are The Brief Particulars of :

Registration No.	200609137R
Company Name.	EXPO AV-INSYNC PTE. LTD.
Former Name if any	
Incorporation Date.	22/06/2006
Company Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	22/06/2006

Principal Activities

Activities (I)	DRAMATIC ARTS, MUSIC AND OTHER ARTS PRODUCTION-RELATED ACTIVITIES N.E.C. (EG STAGE, LIGHTING AND SOUND SERVICES) (90009)
Description	
Activities (II)	RETAIL SALE OF AUDIO AND VIDEO EQUIPMENT (EG RADIO AND TELEVISION SETS, SOUND REPRODUCING AND RECORDING EQUIPMENT) (47420)
Description	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
100000	100000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
100000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Authentication No. : J19367454I

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INFORMATION RESOURCES

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Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

Registered Office Address	150 SIMS DRIVE #01-00 SINGAPORE (387381)
Date of Address	26/10/2015
Date of Last AGM	31/12/2018
Date of Last AR	29/01/2019
FYE As At Date of Last AR	30/06/2018

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
RODRIGUES GERARD ANTHONY	S7246780I	SINGAPORE CITIZEN	ACRA	22/06/2006
16A WOO MON CHEW ROAD SIGLAP PARK SINGAPORE (455070)		Director		
ZUZARTE DESMOND GERARD	S7045407F	SINGAPORE CITIZEN	OSCARS	22/06/2006
718 BEDOK RESERVOIR ROAD #05-4616 SINGAPORE (470718)		Director		
CHIDAMBARANATHAN SUBRAMANIAN CHETTIAR	S2606315I	SINGAPORE CITIZEN	ACRA	01/11/2016
586 PASIR RIS STREET 53 #02-61 SINGAPORE (510586)		Secretary		

Shareholder(s)

Name	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Address				

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INFORMATION RESOURCES

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Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

Shareholder(s)

Name	ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed	
Address					
1	ZUZARTE DESMOND GERARD	S7045407F	SINGAPORE CITIZEN	OSCARS	02/07/2015
	718 BEDOK RESERVOIR ROAD #05-4616 SINGAPORE (470718)				
	Ordinary(Number)	Currency			
	25000	SINGAPORE, DOLLARS			
2	RODRIGUES GERARD ANTHONY	S7246780I	SINGAPORE CITIZEN	ACRA	07/03/2017
	16A WOO MON CHEW ROAD SIGLAP PARK SINGAPORE (455070)				
	Ordinary(Number)	Currency			
	75000	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

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INFORMATION RESOURCES

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Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO : ACRA190531169165

DATE : 31/05/2019

This is computer generated. Hence no signature required.



Authentication No. : J19367454I

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Accident Photo



Accident Photo



Accident Photo



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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UTN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119097513 Vehicle Registration No: YP6675H
Name (as shown in NRIC) : EXPO AV-INSYNC PTE LTD NRIC/FIN/Passport No : 200609137R
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 67485245 Mobile No. : _____
Email Address : _____
Date of Accident : 24/07/2019 Time of Accident : 16:15
Place of Accident : PAYA LEBAR RD TWDS PIE (CHANGI)
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in scene photos.

Policyholder / Driver's Signature
Date:

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