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	06/08/2019 15:34
Date Of Accident	06/08/2019 13:00
Exact Location Of Accident	JURONG TOWN HALL TURN RH TO JURONG EAST ST 11 JUNC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF9810P
Insured/Policyholder	
Name Of Registered Owner	ALEX COFFEE
Co Reg No	53360988K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97585670
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE 3.0 SUPER GL
Exact Purpose for which vehicle was being used at time of accident	
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V0104422-VCV-R001
Cover Note Number	18/05/2019 TO 17/05/2020
Driver	
Name of Driver	KHOO YONG HWA (QIU YONGHUA)
NRIC No	S7931928G
Date Of Birth	01/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1999
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97585670
Fax Number	
O - utt No und - u	

NOEMAIL

Address 65 LOWLAND ROAD SINGAPORE 547464

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

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? YES

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

refer with attach.

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 SJY853E

MERCEDES BENZ Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

97699669 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

KHOO YONG HWA (QIU YONGHUA) Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK PAIN GBF9810P

YES

Accident Sketch Plan Pg. 1

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:
 - 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.:

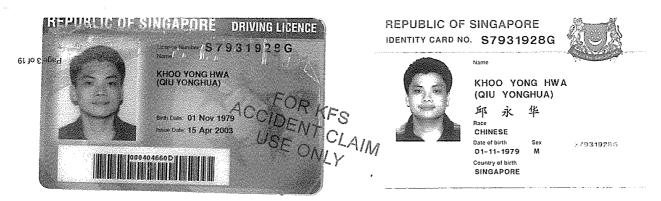
Accident Sketch Plan Pg. 1

	A: GBF 98 10P B: 574 853E	B T	٧	Ą
SKETCH-PLAN	A A			
DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT	18 0		9
The way road me statistic light to an impass hif by felt Lafor.	m to stope	lan from tran from 8581E.	Juran G Juran G For Sudden L Hen G After	
DECLARATION				
I/We declare the foregoi	ng particulars are true in every respec	6/8/19 3450m		
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the poli	cyholder)	Reporting Centre P	ersonnel's Signature

Date & Time:

NRIC/FIN No.:

driver's nric & license Pg. 1





No. Of Passenger (Including Driver)



13/0

Road Transport Act 1987 (Federation of Malaysia)
The Motor Vehicles (Third-Party Rioks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third-Party Rioks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third-Party Rioks and Compensation) Rules, 1966. (Republic of Singapore)

FORK NIEROS

B

Policy No. : 2819-V0104422-VCV-R001 Risk# : 0001 Policy Type : Commercial Vehicle Cover : Comp

Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : GBF9810P Vehicle Make & Model : TOYOTA HIACE 3.0 SUPER GL DARK PRIME AT

Name of Insured : ALEX COFFEE

Period of Insurance : 18-05-2019 (0000HRS) to 17-05-2020

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE . Any person who is driving on the Policyholder's order or with their

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Notor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Read Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

Limitations rendered insperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

WE HEREDY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of the Company

Authorized Signature













Accident Photo 325 300 軽積時 13.251 3.001 195/80R15 107/105L LT 325 350 定積時 3.25 3.50 ※注 軽積時:積載量500kg未満 定積時:積載量500kg以上 06 26J30 CHASSIS NO: KDH2010206950 U.W. : 1800 KG M.L.W. : 3045 KG PASS. CAP. : 01 TYRE SIZE : F.195/80R-: R.195/80R-1













