

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	22/08/2019 10:49
Date Of Accident	21/08/2019 13:30
Exact Location Of Accident	NUS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN612P
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Insured/Policyholder

Name Of Registered Owner	WENG LEE NEONLITE & SIGNCRAFTS PTE LTD
Co Reg No	UEN2000075512
Email Address	WENGLLEE@WLNEON.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62880606

Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3061541902
Cover Note Number	

Driver

Name of Driver	WANG HUA
NRIC No	G5783436L
Date Of Birth	21/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-87770606
Fax Number	
Contact Number	
EEmail Address	WENGLLEE@WLNEON.COM

Address	NO 63 HILLVIEW AVE #03-12 SINGAPORE
Postcode	669569
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

REFER TO SKETCH PLAN.

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	GBH5435E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA ENG PENG
NRIC/Passport Number	S7412299Z
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.



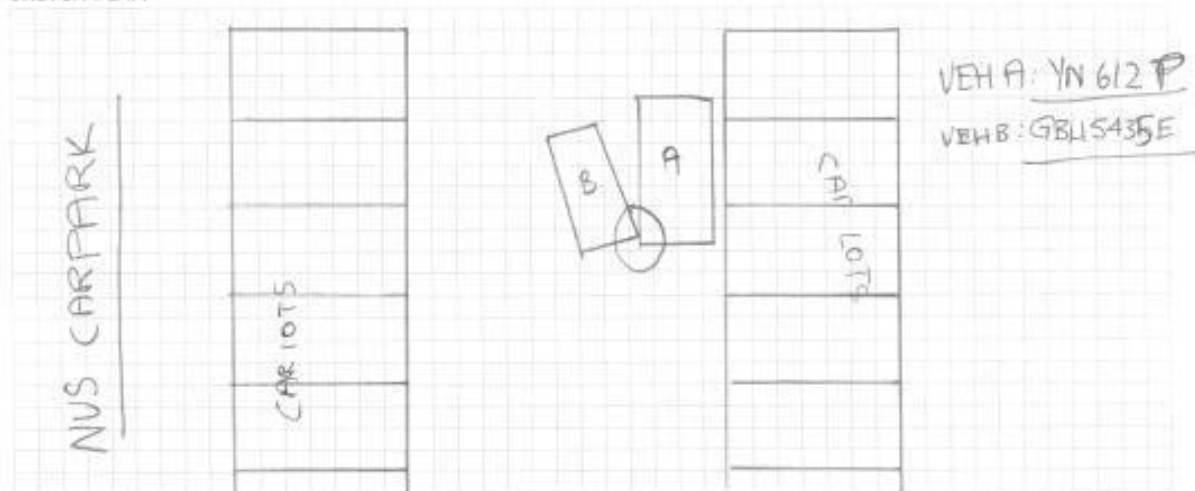
Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for a carlot. Upon seeing a car in my rear leaving a car park lot I intended to reverse as I was waiting for a car lot for long. and suddenly veh B reverse upon the same lot I was reversing for. and knock into my left rear side of my veh. no one was injured, and no police report.

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.: _____

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Holder's Name: **WANG HUA**

Holder's Number: **G5783436L**

Birth Date: **21 Nov 1977**

Issue Date: **13 Feb 2016**

Valid Till: **12-09-2023**

For LKK/NAC Use Only

002773292K

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **WENG LEE NEONLITE & SIGNCRAFTS PTE LTD**

Worker: **MANUFACTURING**

Name: **WANG HUA**

Occupation: **ASSISTANT PROJECT MANAGER**

S Pass No: **O 56800301**

Date of Application: **26-09-2015**

Date of Issue: **08-10-2015**

Date of Expiry: **05-01-2020**

For LKK/NAC Use Only

L730464

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Effective Date
Class 3: Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	07 Jan 2013

For LKK/NAC Use Only



VISIT PASS Immigration Regulations

Name:
WANG HUA

Date of Birth: **21-11-1977** Sex: **M** Nationality: **CHINESE**

Pin: **G5783436L** Date of Issue: **08-10-2015** Date of Expiry: **05-01-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



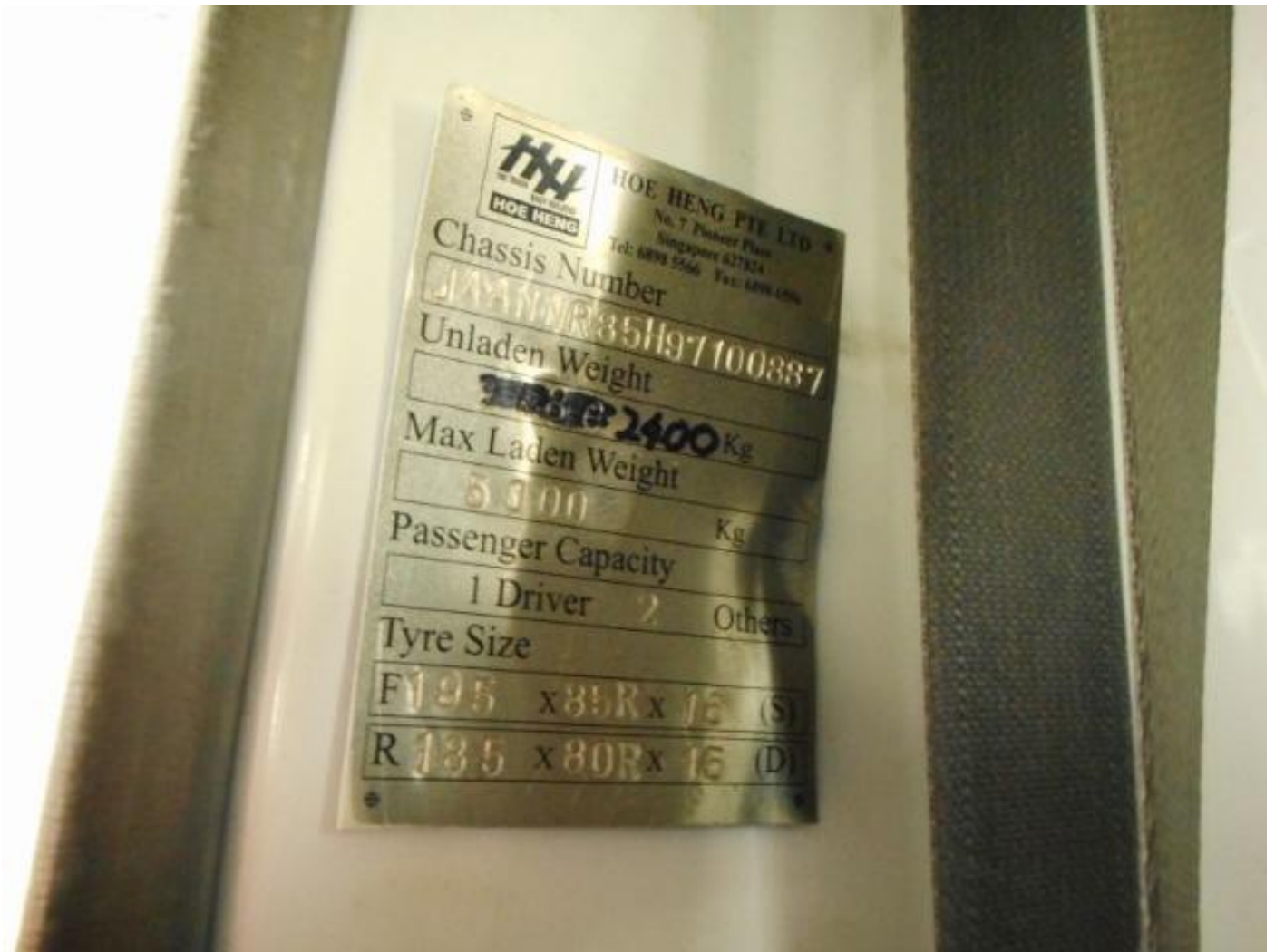
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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
UEN: S66550020G / 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 : MNA419110361 Vehicle Registration No: YN 612 P
Name (as shown in NRIC) : WANG HUA NRIC/FIN/Passport No : G5783436L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : NO 63 Hillview ave #02-12 Singapore (669561)
Contact (Tel) : - Mobile No.: 87770606
Email Address : WENGLER@WLNEN.COM
Date of Accident : 21/08/2019 Time of Accident : 1330
Place of Accident : NUS CARPARK
Insurance Company: CTI

(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:

Amend TP VEH Number.

Policyholder / Driver's Signature
Date:

112.2 241.96

Reporting Centre Personnel's Signature
Name: PERASURAM
NRIC/FIN No.: S9526439E
Date: 6/9/2019

QUARANTINE ADDENDUM FORM 03