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 <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	02/09/2019 09:48			
Date Of Accident	30/08/2019 21:10			
Exact Location Of Accident	BEDOK SHELL PETROL STATION			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBA9117J			
Insured/Policyholder				
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD			
Co Reg No	201538271R			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-89999999			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	L200 DOUBLE CABIN 2.5L TURBO 4A/T DIESEL			
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE			
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	MS FIRST CAPITAL INSURANCE LTD			
Type Of Coverage	THIRD PARTY			
Fleet Policy	YES			
Policy Number	D-19093240MFCV/39			
Cover Note Number				
Driver				
Name of Driver	YONG HAN YIAN			

Name of Driver

YONG HAN XIAN
Passport No/FIN

G3850427X

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

YONG HAN XIAN

G3850427X

O7/06/1995

OUTDOOR

26/05/2018

Driving Experience 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97708478

Fax Number

Contact Number OFFICE-97708478

EMail Address NOEMAIL

BLK 124B BUKIT MERAH VIEW Address

#11-414

Postcode 152124

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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.

NO

Number of Passengers (Including Driver)

0

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? Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YM7775L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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 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 insurers) 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.

OID 31

Policyholder's Signature Date & Time: Driver's Senature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN			(1)
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	/		
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CLARATION e declare the fold	ong particulars	are true in every respect.	
(3))E)	11-	7/0
cyholder's Signatur	3	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:		(If driver is not the policyholder)	Name:

NRIC/FIN No.:

Date & Time:

DIZAME (Artsht/softners, 45

Accident Sketch Plan

I was Refilling the petal at Shell station on \$5 Bedok Rd. As I have get out
from the car, the car mas instationary water when I getegin to start refill, the
with the Reg. No: - VM 7775 L.
lonry, had hitten hit the car.) The incident happened around 9:11pm on 30 August 2019.

It was in Side the Shell Station.
The Statt and the CCTW Withe 8 Feel these
Ace Loggy hit My Car.

The Formy with the Pey NO YM 7775L
who about to turn and Move forward
hit my carl.

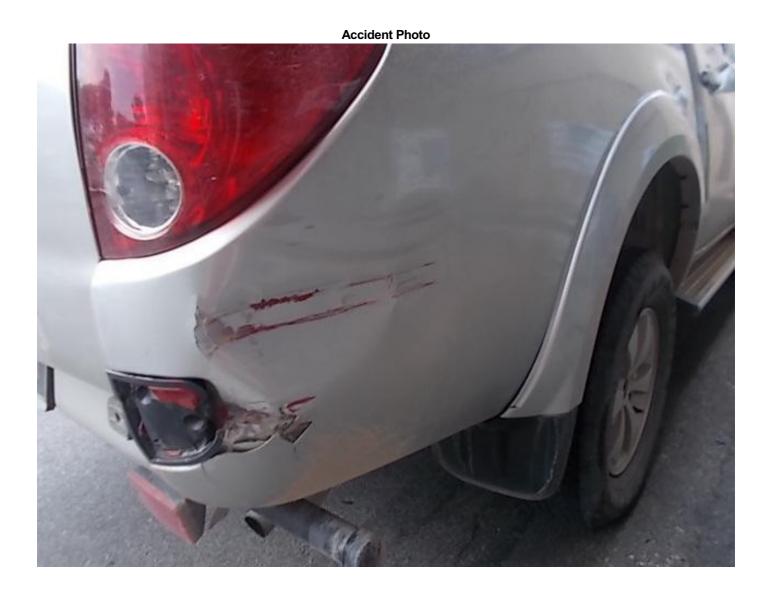
Accident Photo





Accident Photo

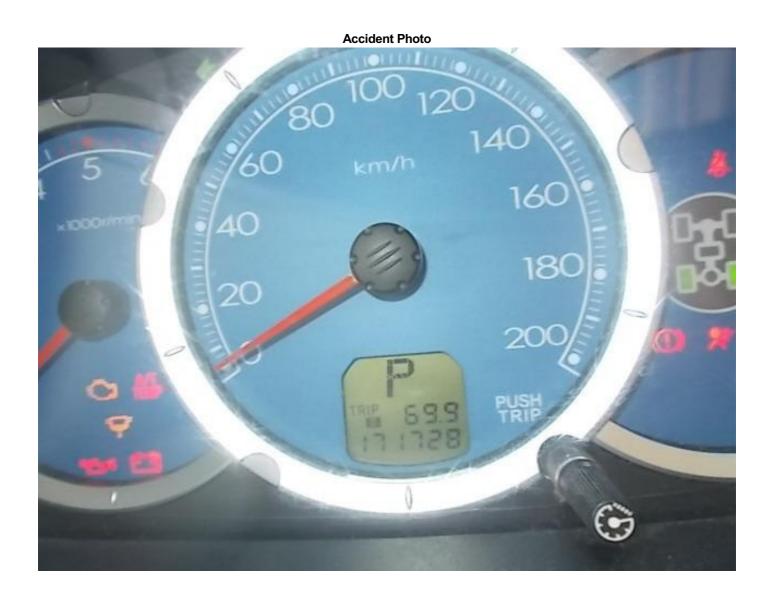












Accident Photo

