

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	23/10/2019 15:12
Date Of Accident	23/10/2019 07:45
Exact Location Of Accident	ALONG EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA3771J
Insured/Policyholder	
Name Of Registered Owner	TKF TRADING
Co Reg No	53361848K
Email Address	HOCK2133@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85692198
Alternative Phone No	OFFICE-85692198

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110202086
Cover Note Number	

Driver

Name of Driver	TAY SOON HOCK (ZHENG SHUNFU)
NRIC No	S7129084J
Date Of Birth	23/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85692198
Fax Number	
Contact Number	OTHERS-85692198
EEmail Address	HOCK2133@GMAIL.COM

Address	BLK 111 EDGEFIELD PLAINS #15-400
Postcode	820111
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	CHAIN 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	3
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

PLEASE 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	SJG6321D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHER CHIANG BRENT
NRIC/Passport Number	S7703059Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG6448Z
Vehicle Make/Model/Colour BMW
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHUA SZE YONG
NRIC/Passport Number S7710478Z
Contact Number 83333578
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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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.

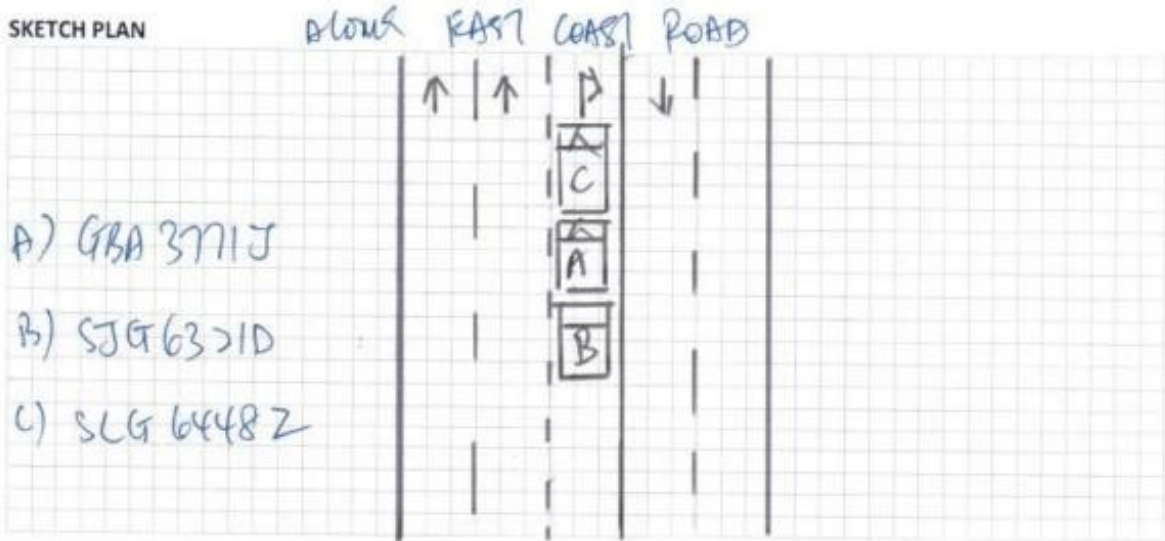
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/10/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
23/10/2019

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/10/2019 AT ABOUT 07:45HRS I WAS STATIONARY ALONG EAST COAST ROAD BLF TURNING RIGHT TO CP WHILE WAITING FOR THE GREEN LIGHT. JUST A FEW SECOND I FELT A HUGE BUMP FROM MY REAR & MY VAN GBA 3771J MOVE FORWARD & HIT A CAR SLG 6448Z. I CAME DOWN & SAW A CAR SJG 6321D BACK ON TO THE REAR OF MY VAN SO TOTAL OF 3 VEHICLE CHAIN COLLISION.

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: 23/10/19

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

Classic Accident Form V3

rsbm

From: Gamer72C ChosenGames <hock2133@gmail.com>
Sent: Wednesday, 23 October, 2019 10:53 AM
To: rsbm@lkkauto.com
Subject: Fwd: iShop@ACRA - Info Services (Receipt/ARN No.: ACRA190607018463)

----- Forwarded message -----

From: <ACRA_BIZFILE@acra.gov.sg>
Date: Sat, 8 Jun 2019, 11:51
Subject: iShop@ACRA - Info Services (Receipt/ARN No.: ACRA190607018463)
To: <HOCK2133@gmail.com>

Dear Sir/Mdm,

CONGRATULATIONS! YOUR TRANSACTION(S) HAS/HAVE BEEN FILED SUCCESSFULLY.

Please download your free Business Profile(s) by **15/06/2019 11:48:37** by clicking [here](#).

A summary of your free Business Profile(s) is as follows:

TRANSACTION NAME	ENTITY NAME	UEN	PRODUCT DESCRIPTION	AMOUNT PAID (SGD) ORDER TX. NO
RENEWAL OF BUSINESS REGISTRATION	TKF TRADING	53361848K	FREE BUSINESS PROFILE (BIZ) WITH RENEWAL	0.00 F190147546

Action Required:

- Please download your free Business Profile(s) within **7** days from the date of this email. There will be no replacement or refund after the link expiry date.

Useful Information:

- This email is also available in your message box upon login at <https://www.bizfile.gov.sg>.
- Transaction Status:

View your transaction status at [iShop Homepage](#) > Type of Business Information > Useful eServices > Transaction Status Enquiry.

Requestor's Name : TAY SOON HOCK
 Lodger's ID : XXXXX084J
 Date of Lodgement : 07/06/2019

- For more information on other iShop products, please visit <https://www.tis.bizfile.gov.sg>.

ACRA

Yours sincerely

Accounting and Corporate Regulatory Authority (ACRA)

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For more information, please visit our website at www.acra.gov.sg or use our interactive virtual assistant, AskJamie@ACRA.

Accident Photo



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