

MCHM19146889 / Cheng Hoe Motor Pte Ltd - Yishun  
 ENTRY DATE & TIME: 06/11/2019 11:48  
 SUBMITTED BY: [To Be Confirmed]

## 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 06/11/2019 11:48  
 Date Of Accident 06/11/2019 07:15  
 Exact Location Of Accident ALONG TAMPINES AVE 5  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6334S  
**Insured/Policyholder**  
 Name Of Registered Owner LEE SAY POULTRY INDUSTRIAL  
 Co Reg No 44883700E  
 Email Address LEESAY@LEESAY.COM  
 Mobile Phone No  
 Alternative Phone No Office-63636565

### Vehicle Particulars

Manufacturer FIAT  
 Model DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE  
 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 ALLIED WORLD ASSURANCE COMPANY, LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number BVFCSB0013291900  
 Cover Note Number 1/1/19-31/12/19

### Driver

Name of Driver CHUA ENG SIN  
 NRIC No S6844485C  
 Date Of Birth 16/11/1968  
 Occupation OUTDOOR  
 Date Of Driving Pass 02/06/1989  
 Driving Experience 30 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-98248528  
 Fax Number  
 Contact Number



E-Mail Address	NOEMAIL
Address	BLK 520A TAMPINES CENTRAL 8 #14-39
Postcode	521520
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?	
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**

ACCIDENT OCCURED ALONG TAMPINES AVE 5 ON 6/11/19 AT ABOUT 715AM. M/CAR(B) SWERVE INTO MY LANE HALFWAY AND STOPPED ABRUPTLY CAUSING ME TO HIT ONTO THE SAID VEHICLE LEFT REAR PORTION. DUE TO THE IMPACT, MY DOOR WAS UNABLE TO OPEN THUS I CANNOT GET OUT OF MY VEHICLE. I COULD ONLY TOOK PHOTO FROM INSIDE.

**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	SKS8730T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAYNU D/O S THIAGARAJAN
NRIC/Passport Number	S8823329H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN

Bus stop

Tampines Ave 5

A = GBF 6334S

B = SKS 8730T

Rayan D/o S Thiagaraj

S8823329H

A = GBF63345

B = SKS 8730T

Rayan D/o S Thiagarajan

S88233294

Accident occurred along Tampines Ave 5 on 6/11/19  
at about 0715 hrs.  
M/car (B) swerve into my lane halfway and  
stopped abruptly causing me to hit onto the said  
vehicle left rear portion.  
Due to the impact, my door was unable to open  
thus I cannot get out of my vehicle. I could  
only take photo from inside.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim  
under your own comprehensive policy. Please check with your policy for more information.

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

Date &amp; Time:

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN**

VEHICLE NO.: GBF 6334 S  
INSURER : Allied World  
DATE & TIME: 6-11-19  
7:15am

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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: Gedon (YS)  
NRIC/FIN No.: