

## 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	20/11/2019 15:50
Date Of Accident	20/11/2019 11:10
Exact Location Of Accident	YISHUN INDUSTRIAL PARK 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4042B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KONTOURZ PTE LTD
Co Reg No	200719021E
Email Address	VEHICLE@DIGO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63681747

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR1SDEK (CBU)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1935821900
Cover Note Number	12/09/19 - 11/09/20

### Driver

Name of Driver	ISHAK BIN SALLEH
NRIC No	S1300511G
Date Of Birth	16/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91797577
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 136 BUKIT BATOK WEST AVE 6 #11-505
Postcode	650136
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 - 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?	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: : WORKER GENDER: : MALE

#### 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 ATTACHED.

#### 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	GBB6880C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG RONG BIN
NRIC/Passport Number	S9006491F
Contact Number	97333906
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: GBJ4042B  
INSURER : China Taiping  
DATE & TIME: 20/11/19 11:10am


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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:

(15) only 20/11/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

Yishun Ind Park 2

SHOP AREA

A: GBJ4042B  
B: GBB6880C  
Wong Rong Bin  
S9006491F  
Hp: 97333906

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In: China Taipei      Veh No: GBJ4042B      DoA: 20/11/19 11:10am

Confirming no vehicle at my rear portion I proceed to reverse slowly into Carpark lot. While reversing, suddenly heard collision sound & realised had hit onto GBB6880C.

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.

### DECLARATION

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

<p>Policyholder's Signature _____</p> <p>Date &amp; Time: _____</p>	<p>Driver's Signature _____</p> <p>(If driver is not the policyholder)</p> <p>Date &amp; Time: _____</p>	<p>(YS) by 20/11/19</p> <p>Reporting Centre Personnel's Signature _____</p> <p>Name: _____</p> <p>NRIC/FIN No.: _____</p>
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GIAMC SketchPlanForm\_V3    ☐ Claim Own Policy    ☐ Claim Third Party    ☒ Reporting Only    ☐ Claim OD/TP at other workshop ( )

Authorisation Letter

Date : 20/11/19

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Ishak Bin Salleh

NRIC/FIN S1300311G, our employee / employee of Kontourz

Pte Ltd to drive our m/vehicle no. GRJ40428

and to file the accident report (Third Party claims/Own Damage Claims/Reporting

Only) which occurred on (date) 20/11/19 @ (time) 11.10am

along (location) Yishun Industrial Park 2.

\* Relationship between Insured and driver's company: —.

Thank you.

Regards,

X L A



**\* SIGN & STAMP at the above \***

Name of Owner : Kontourz Pte Ltd

NRIC / ROC : 200719021E

Contact No : 6368 1747

Email : vehicle@diigo.com.sg

# Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1300511G



Name  
**ISHAK BIN SALLEH**

Race  
**JAVANESE**  
Date of birth  
**16-01-1958**  
Country of birth  
**SINGAPORE**

Sex  
**M**

S1300511G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1300511G**

Name  
**ISHAK BIN SALLEH**

Birth Date **16 Jan 1958**

Issue Date **29 Sep 2005**



001371563K



NRIC No. **S1300511G**



Date of issue  
**29-09-2005**

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	07 Oct 1978
Class 2A Motorcycles between 201 cc and 400 cc	07 Oct 1978
Class 2 Motorcycles > 400 cc	07 Oct 1978
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg	06 Mar 1978
Class 4 Heavy motor cars and motor tractors > 2500 kg	20 Nov 1989
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	08 Mar 1990



Licence No. S1300511G

NP 428A

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Scene Photo



Scene Photo



Scene Photo

