

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	27/11/2019 15:46
Date Of Accident	25/11/2019 09:10
Exact Location Of Accident	171 KAMPONG AMPAT LOADING BAY LEVEL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4083J
Insured/Policyholder	
Name Of Registered Owner	CATS AND THE FIDDLE PTE LTD
Co Reg No	201427345w
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62875226

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-2.0 YY211 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100440916-04
Cover Note Number	

Driver

Name of Driver	WONG CHENG FONG (HUANG ZHENFENG)
NRIC No	S8370148Z
Date Of Birth	07/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2003
Driving Experience	16 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98581298
Fax Number	
Contact Number	
E-Mail Address	ENAKRASA136@GMAIL.COM
Address	BLK 623C PUNGGOL CENTRAL #15-384
Postcode	823623
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	COLLIDED INTO PARKED VEHICLE
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)	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

SEE ATTACHED 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	GBE5948H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96950827

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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



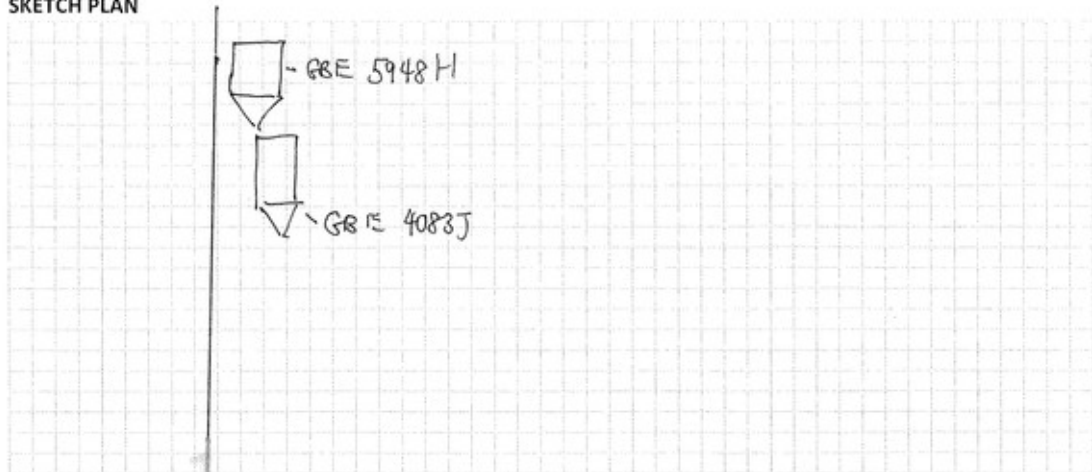
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/11/2019

TAN CHONG MOTOR SALES PTE LTD
17 Toa Payoh Lorong 8
Singapore 319254
Tel: 6357 0756 Fax: 6356 4922

Reporting Centre Personnel's Signature
Name: Aishah
NRIC/FIN No.: S1660822/2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~THE~~ MY VEHICLE GRE 4083J WAS PARKING AT UNLOADING BAY WHEN I COME BACK I SAW MY VEHICLE ROLL BACK HIT ONTO GRE 5948H. AFTER THAT I SPOKE TO THE OWNER HE AGREED PRIVATE SETTLEMENT AND I PROCEED TO ^{WITH MY WORKSHOP} ~~ARRANGE~~ HOWEVER TODAY 27/11/2014 HE SAY THAT HE WANT TO DO CASH INSTEAD. HE SAY THAT IS TOO TROUBLESOME. AND HE REFUSED TO PROVIDE HIS WORKER PARTICULAR FOR THE O2 RENT. WHICH HE ARRANGE FOR HIM AS REQUEST BY VEHICLE RENTAL COMPANY.

DECLARATION

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

Reg No: 201427345W
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/11/2014

Reporting Centre Personnel's Signature
Name: Aishah
NRIC/FIN No.: S1660822/2

TAN CHONG MOTOR SALES PTE
17 Toa Payoh Lorong 8
Singapore 319254
Tel: 6357 0756 Fax: 6356 4922

Accident Photo



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