

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	30/12/2019 10:56
Date Of Accident	28/12/2019 21:10
Exact Location Of Accident	ALONG JURONG LAKE LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2791T
Insured/Policyholder	
Name Of Registered Owner	HT EQUIPMENT PTE LTD
Co Reg No	2XXXXX714G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63665005

Vehicle Particulars

Manufacturer	BMW
Model	523I-2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	2019-V0104901-VPF-R001
Cover Note Number	

Driver

Name of Driver	JI CUIHUA
NRIC No	SXXXX878D
Date Of Birth	22/04/1977
Occupation	INDOOR
Date Of Driving Pass	18/10/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92981983
Fax Number	
Contact Number	
Email Address	KAREN.JI@HUATONG.COM.SG

Address	BLOCK 465 JURONG WEST STREET 41 #05-554 SINGAPORE 640465
Postcode	
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : HAN BIN 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

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	SJA8718L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HAI LEONG
NRIC/Passport Number	SXXXX691G
Contact Number	97842060
Address	BLK 70B TELOK BLANGAH HEIGHT #13-527 SINGAPORE 102070
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JI CUIHUA
Approximate Age	42
Injuries Sustain	
Injured person in which vehicle?	SKL2791T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 465 JURONG WEST STREET 41 #05-554
Postcode	640465

DETAILS OF INJURED PERSON 2

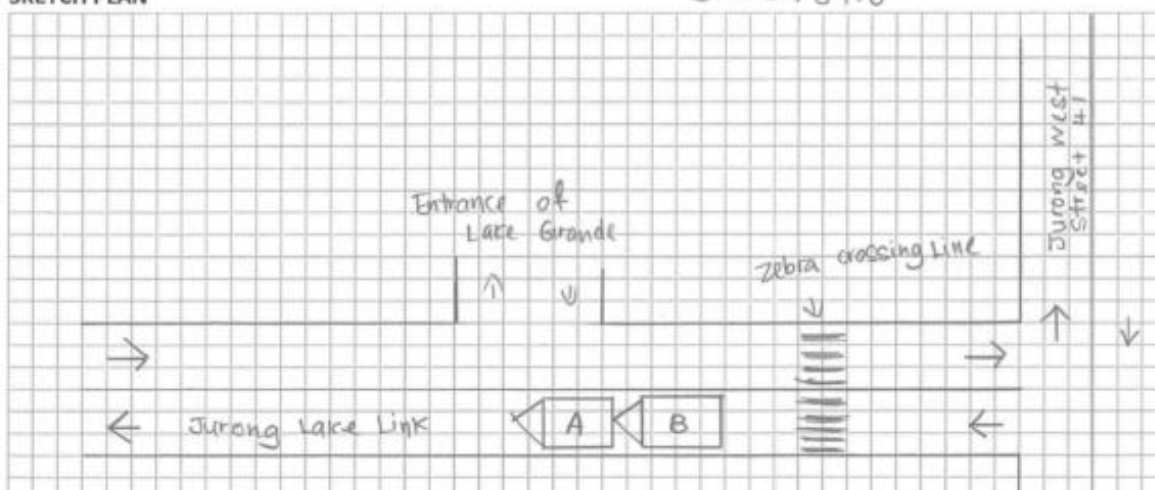
Name	HAN BIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKL2791T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

A = SKL 2791T

B = SJA 8718

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 9:08pm of 28 Dec 2019, I, Ji Cuihua, the driver of vehicle SKL2791T turned on the right-turn signals and stopped the vehicle at the junction in front of the condominium Lake Grande located at Jurong Lake Link. While I was waiting for traffic to be cleared before right-turning into the main entrance of Lake Grande, the vehicle SKL2791T was suddenly hit by SJA8718L from behind with a very loud sound.

Immediately, I parked the vehicle, came down from the vehicle and took pictures of both the vehicles involved.

As there were smokes came out from vehicle SJA8718L's pumper, I shifted SKL2791T away from SJA8718L to a safer location which was about 20 meters in front of SJA8718L.

We exchanged particulars for NRIC, driving license and contact numbers at the scene. There was 1 passenger in SKL2791T at the time of accident. SJA8718L driven by Mr Lim Hai Leong with NRIC of S7038691G (cellphone number of 97842060 was with 3 kid-passengers at the time of accident.

I felt pain at the lower back, right wrist, and left shoulder some bruises on both knees. My husband felt pain at lower back and neck as well as giddy after the accident. Both of us visited the emergency department of Ng Teng Fong General Hospital at 00:33am of 29 Dec 2019 and discharged at 3:03am of 29 Dec 2019. Discharge summary is attached.

DECLARATION

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

+ Yes



Policyholder's Signature *
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Ay Sook Kwan
NRIC/FIN No.:

Sketch Plan #2

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.



P. Yues

Policyholder's Signature
Date & Time:

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

Sk

Reporting Centre Personnel's Signature
Name: *An Sook Kwan*
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

