

## 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	20/01/2020 10:17
Date Of Accident	18/01/2020 15:45
Exact Location Of Accident	ALONG SLE (BKE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9929G
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#### Insured/Policyholder

Name Of Registered Owner	BEE CHENG HIANG HUP CHONG FOODSTUFF PTE LTD
Co Reg No	198501332R
Email Address	IRVINAW@BCH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65000872

#### Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-4.0 D 14FT WIDE CAB 5T (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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0024405-MVA
Cover Note Number	

#### Driver

Name of Driver	HONG YEW LEUNG
NRIC No	S1654925H
Date Of Birth	03/02/1964
Occupation	INDOOR
Date Of Driving Pass	20/03/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91294027
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 920 HOUGANG STREET 91 #10-05
Postcode	530920
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?	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: : JASON 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	SHC4754X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN GEOK SWEE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.

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美珍香食品私人有限公司  
BEE CHENG HANG HUP CHONG FOODSTUFF PTE LTD  
1359 SERANGGONI ROAD  
SINGAPORE 328241  
TEL: (+65) 65 000 888 FAX: (+65) 65 000 880

Policyholder's Signature  
Date & Time:

20/1/2020, 10.15am

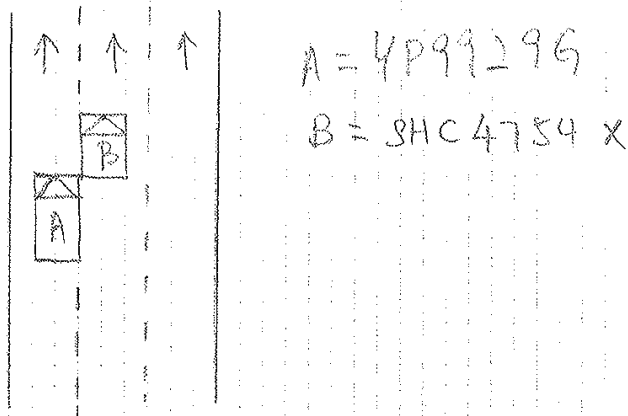
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

20/01/2020 9.30am

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



SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>I was heading back to the factory when the accident happened. It <del>happened</del> happened too fast me to react and I could not recall if vehicle B <del>entered</del> shifted into my lane.</p> <p>After the collision, we both shifted <del>to</del> our vehicle to the road shoulder. Then we exchange <del>our</del> particulars and take photos of our damage. Nobody was injured at the point of the accident.</p> <p>* Reporting Only *</p>
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DECLARATION

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

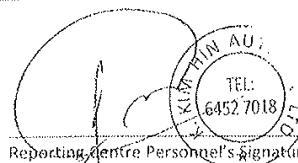
  
 美珍香合康食品私人有限公司  
 BEE CHENG HIANG HUP CHONG FOODSTUFF PTE LTD  
 1359 SERANGOON ROAD  
 SINGAPORE 328241

Policyholder's Signature  
 TEL: (+65) 65 000 886 FAX: (+65) 65 000 880

Date & Time: 20/1/2020, 10.15am  
 Company Chop (if applicable)

  
 Driver's Signature

Date & Time:

  
 Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:

Accident Photo



Accident Photo





Accident Photo



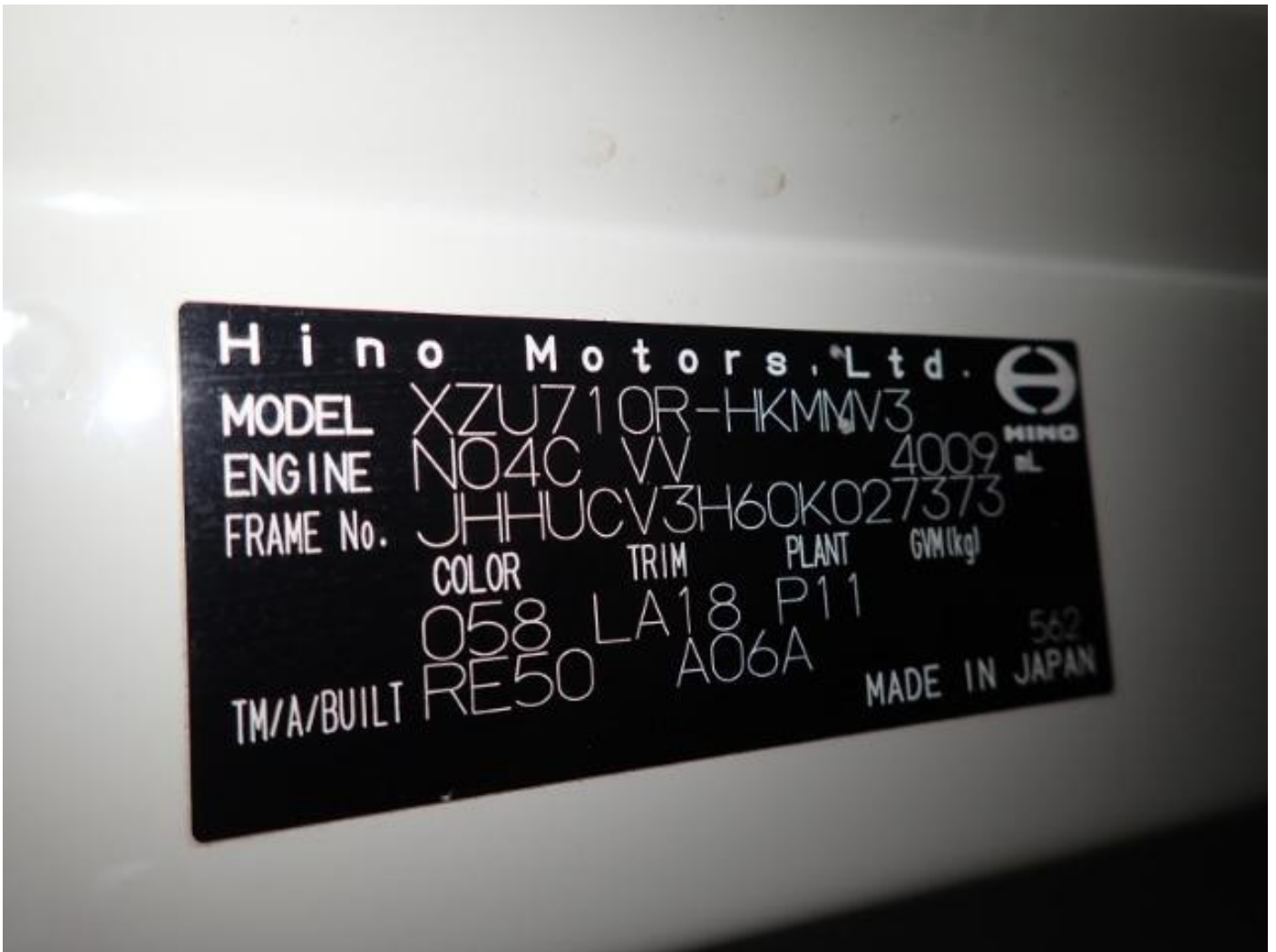
Accident Photo





Accident Photo





Accident Photo



Accident Photo

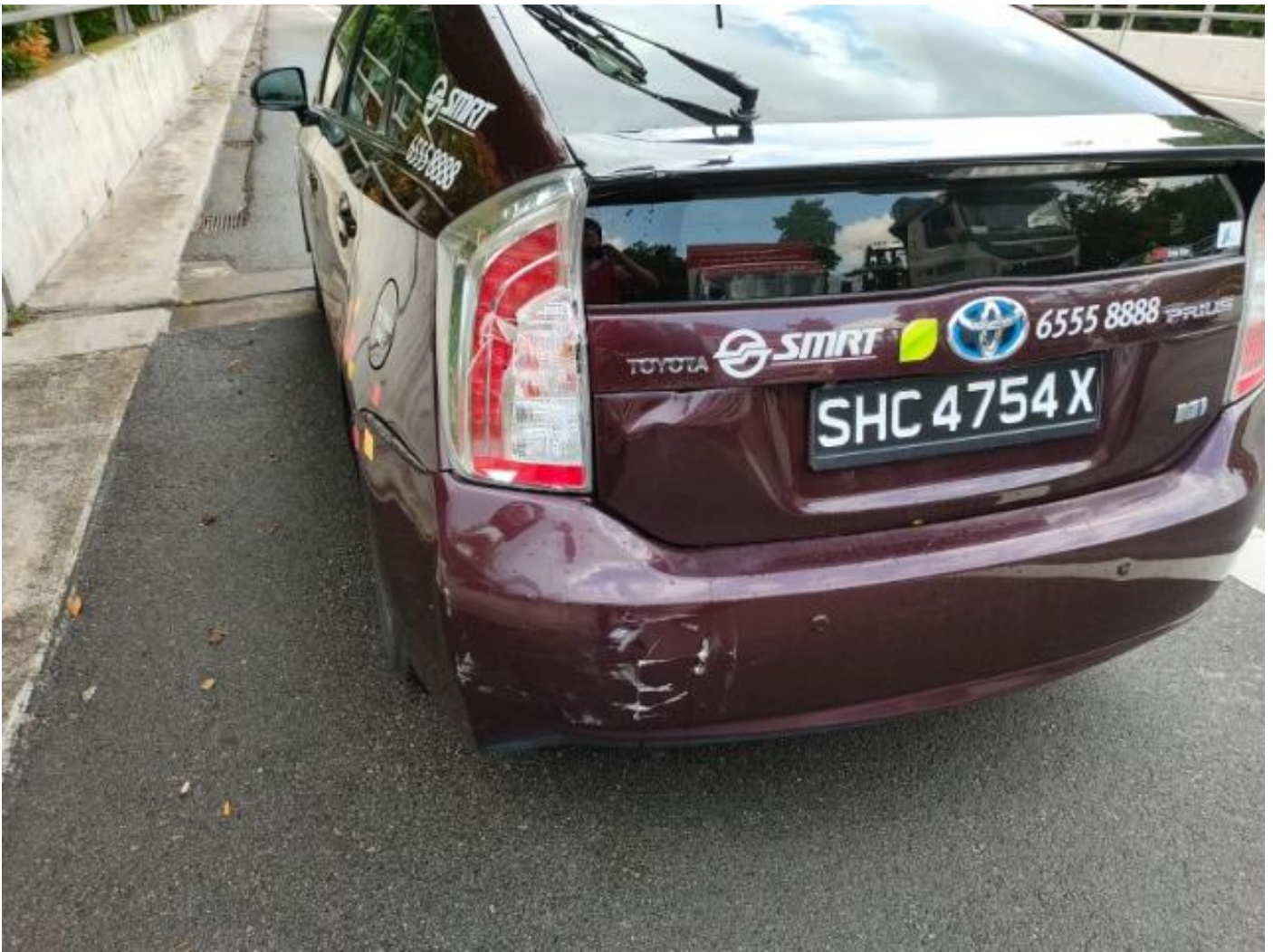




Accident Photo



Accident Photo





Accident Photo

