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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT		
Date Of Report	18/02/2020 12:41		
Date Of Accident	17/11/2019 10:10		
Exact Location Of Accident	ALONG SENTOSA COVE		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PC6965X		
Insured/Policyholder			
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD		
Co Reg No	_		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-91460108		
Alternative Phone No	OFFICE-94259590		
Vehicle Particulars			
Manufacturer	YUTONG		
Model	ZK6107HE-6.7 D (A)		
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES		
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	BUS		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMB1SN1925171900		
Cover Note Number			
Driver			
Name of Driver	HASZMAN BIN PUASA		
NRIC No	SXXXX787H		

NRIC No SXXXX787F

Date Of Birth 21/08/1972

Occupation OUTDOOR

Date Of Driving Pass 27/07/2000

Driving Experience 19 YEARS AND 3 MONTHS

Gender MALE

Mobile Number +65-91460108

Fax Number

Contact Number OFFICE-94259590

EMail Address NOEMAIL

BLK 105 SERANGOON NORTH AVENUE 1 Address

Postcode 550105

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

2

NO

NO

21

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1 YP8264Y

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 wehicle(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)
 - (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
- (r) my Parconal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or my Partonal Information may/can be electored by any or the interior and the third barry terrice providers or agents finduding 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:

0

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers Name

NRIC/TIN No.

Scanned with CamScanner

SKETCH PLAN

0

A-PC 6965x



Sentosa Covi.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/11/20 PC 6965 X John breat .	along San	tosa cove	· Suddenly	Well B lut Top of	the vel
B lorry n driver drive	o damage	to the	loving and	witness v	y the lorry -

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

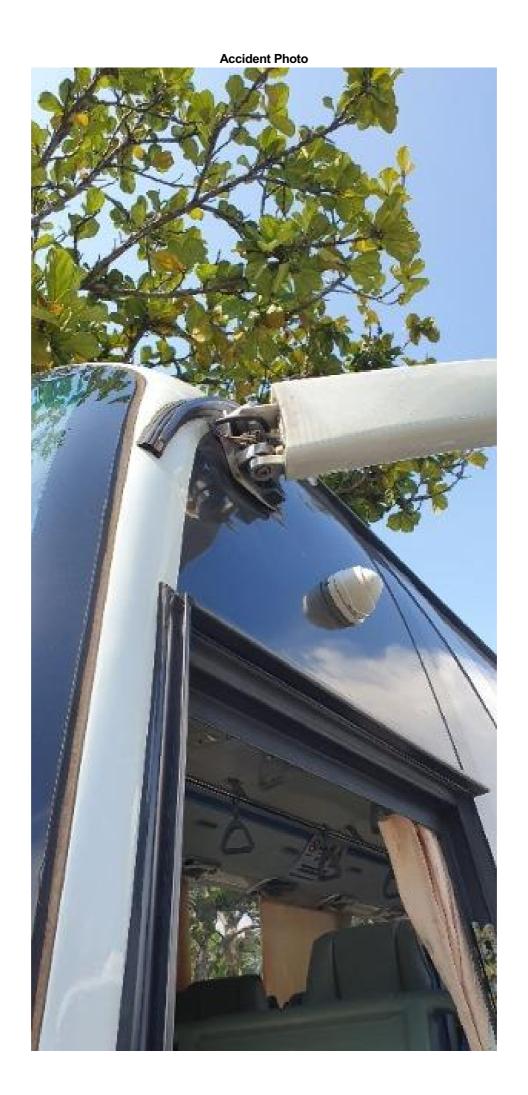
Reporting Centre Personnel's Signature

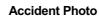
Name:

NAIC/TIN No.:



Scanned with CamScanner























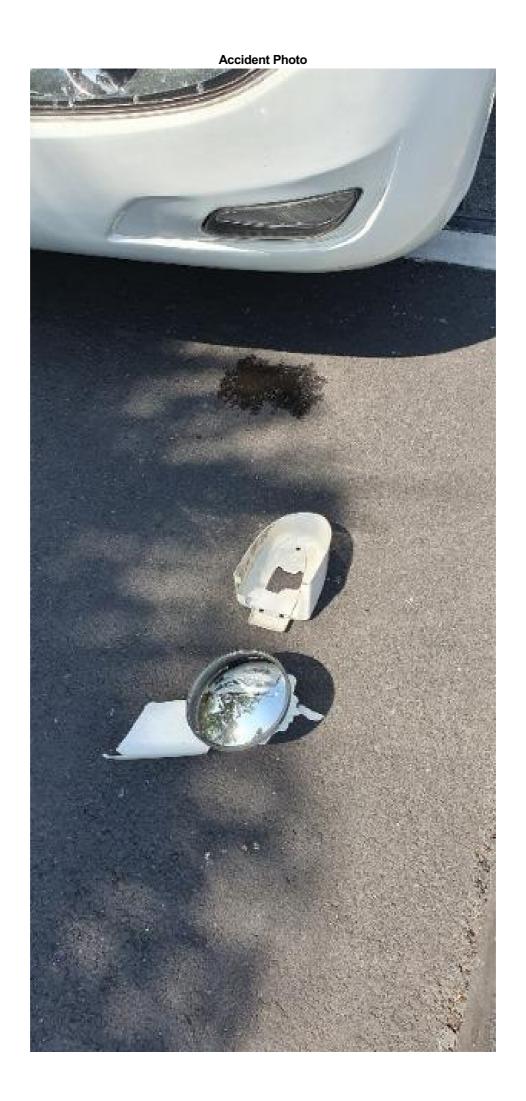
















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 566550200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSONMAKING THE AMENDMENTS: WA426021844 Vehicle Registration No: Original Report No : RIC/FIN/Passport No (*Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No. Contact (Tel) Email Address Time of Accident: Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FINNO.;

Date: