

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	07/04/2020 19:08
Date Of Accident	06/04/2020 14:20
Exact Location Of Accident	CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9476L
Insured/Policyholder	
Name Of Registered Owner	EKTAR ENGINEERING & CONSTRUCTION ENTERPRISES
Co Reg No	4XXXX700W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96859909
Alternative Phone No	OFFICE-96859909

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN16647519033
Cover Note Number	

Driver

Name of Driver	CHIA KWOK KOON (XIE GUOJUN)
NRIC No	SXXXX188C
Date Of Birth	24/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	+65-94239317
Fax Number	
Contact Number	OFFICE-94239317
Email Address	NOEMAIL

Address	BLK 2 MARSILING DRIVE #04-31
Postcode	730002
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	1

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 TO STATEMENT.

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	SKX8015Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GWEE YEOW HIN
NRIC/Passport Number	SXXXX946C
Contact Number	92330672
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGW6088D
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Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YIMING, IAN
NRIC/Passport Number	SXXXX238I
Contact Number	82822224
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIA KWOK KOON (XIE GUOJUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GY9476L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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7. By the lodgment 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.
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.

益達工程與建築企業
EXTAR ENGINEERING & CONSTRUCTION ENTERPRISES

31 LORONG KEMBANGAN
SINGAPORE 417349
HP: 9685 9909 FAX: 8245 7993

Policyholder's Signature
Date & Time:



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



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



Accident Sketch Plan

CHOA CHU KANG Way



- (A) GY9476L
- (B) SKX6015Z
- (C) SGW6088D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Choa Chu Kang Way when vehicle C stop. I also stopped in time and my vehicle was stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle. The impact pushed my vehicle move forward and hit onto vehicle C.

It was a three vehicles chain collision.

星洲工程建築企業
EKTAR ENGINEERING & CONSTRUCTION ENTERPRISES

31 LORONG KEMBANGAN
SINGAPORE 417948

X 31/04/2017 14:00:00

Policyholder's Signature

Date & Time:

[Signature]
[Date/Time]

X

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

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

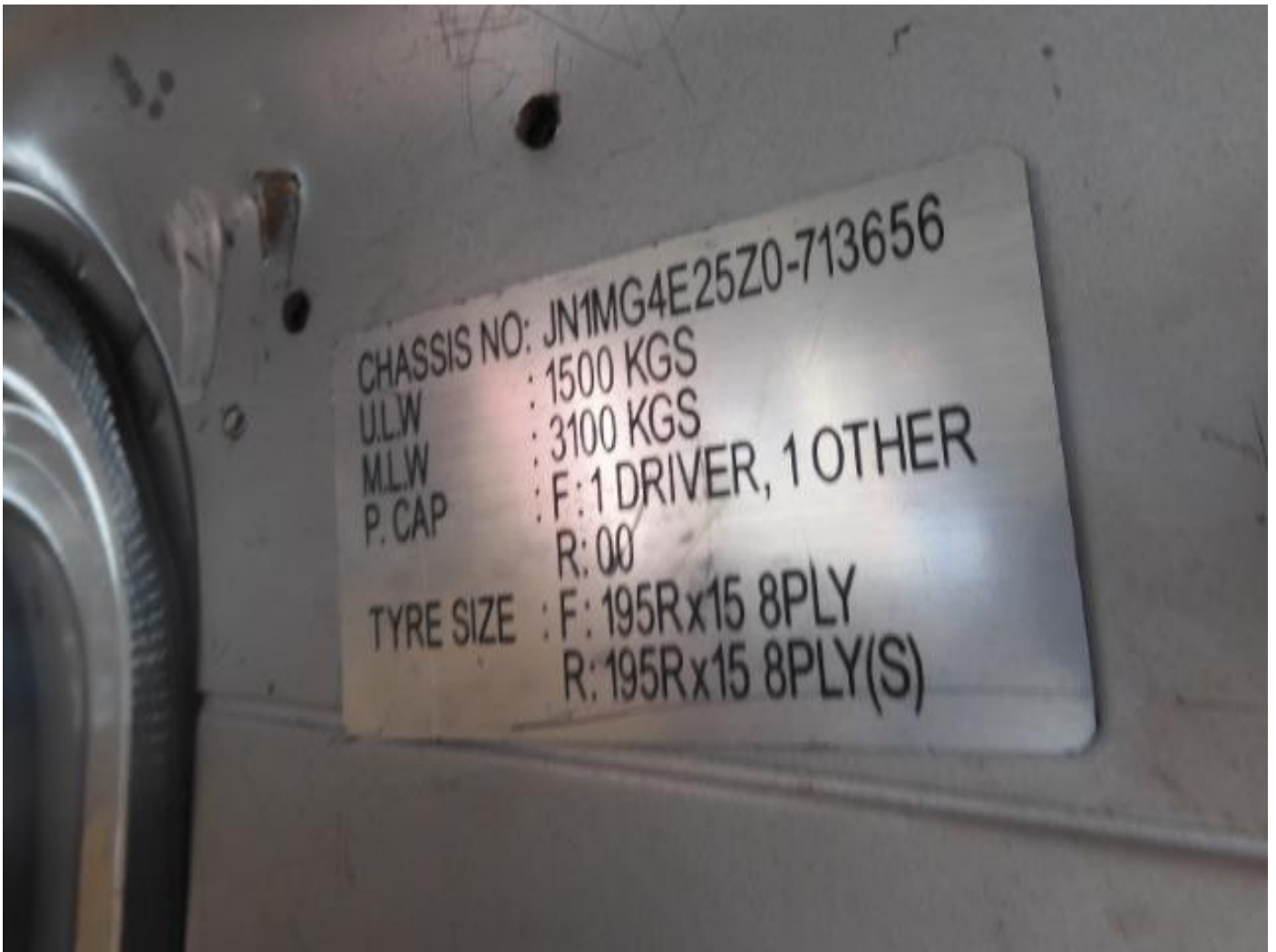


Accident Photo



Accident Photo





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: S66580200 / GST Reg. No.: M420017795

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MINA120041083 Vehicle Registration No: GY 9476L
Name (as shown in NRIC) : CHIA KANG KONG (XIE GUOJUN) NRIC/FIN/Passport No : S7630189C
(*Vehicle Driver / Vehicle Owner) Please delete as appropriate
Address : Blk 2 MARSILING DRIVE #04-31 Singapore (730002)
Contact (Tel) : _____ Mobile No. : 9423 9317
Email Address : _____
Date of Accident : 06/04/2020 Time of Accident : 14:20 hrs.
Place of Accident : CHIA CHU KANG WAY
Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Amend third party vehicle reg No :

SKX 60152 amend to SKX 80152

益達工程與建築企業
EXTAR ENGINEERING & CONSTRUCTION ENTERPRISE
31 LORONG KEMBANGAN
SINGAPORE 417349
HP: 9085 9909 FAX: 6245 7982

Policyholder / Driver's Signature
Date: 08/04/2020

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