SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT		
Date Of Report	15/06/2020 11:53		
Date Of Accident	08/05/2020 16:00		
Exact Location Of Accident	BRADDELL HILL		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YN9450E		
Insured/Policyholder			
Name Of Registered Owner	NG NAM BEE MARKETING PTE LTD		
Co Reg No	198803370H		
Email Address	91234018@99.COM		
Mobile Phone No			
Alternative Phone No	OFFICE-67570555		
Vehicle Particulars			
Manufacturer	ISUZU		
Model	NPR75UH5A		
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
ioi repair to year remere.			
If No, Please state action to be taken	REPORTING ONLY		
	REPORTING ONLY COMMERCIAL VEHICLE		
If No, Please state action to be taken			
If No, Please state action to be taken Vehicle Category			
If No, Please state action to be taken Vehicle Category Insurance Company	COMMERCIAL VEHICLE		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20 FENG ZHAOXU		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20 FENG ZHAOXU G2569883K		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20 FENG ZHAOXU G2569883K 29/05/1990		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20 FENG ZHAOXU G2569883K 29/05/1990 OUTDOOR		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20 FENG ZHAOXU G2569883K 29/05/1990 OUTDOOR 14/05/2019		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20 FENG ZHAOXU G2569883K 29/05/1990 OUTDOOR 14/05/2019 0 YEAR AND 11 MONTH		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	COMMERCIAL VEHICLE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMCVSN1937091900 29/09/19 - 28/09/20 FENG ZHAOXU G2569883K 29/05/1990 OUTDOOR 14/05/2019 0 YEAR AND 11 MONTH MALE		

NOEMAIL

C/O NG NAM BEE MARKETING PTE LTD Address

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 **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?

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)

1

NO

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

My vehicle hit onto SHA2786C when I reversed to exit.

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 SHA2786C **PARKED** Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

AW AH SING Name of Driver NRIC/Passport Number S2160889J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: YN 94501

INSURER DATE & TIME: _ \$15 | 20

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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 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.
- 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.

NG NAM BEE MARKETING PTE C DECEMBER OF

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.

Sketch Plan #2

SKETCH PLAN		+11111111111
	Braddell H:11	A: YN9450E B: SHA2786C (park) Aw Ah Sing S21608893
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT Veh No: YN9450E	DoA: 8 5 20 Hom
My vehicle hit onto	n SHAZ7860 When I reve	rsed to exit.
		-Wa-
The contract of the contract o	nsurer may have 14days Time Frame for ehensive policy. Please check with your p	Section Consideration Control of
DECLARATION I/We declare the foregoing particula STAT 0555 Fax: 8757 2282 Waltains: Wow.ngnsmbee.com.au	rs are true in every respect.	
Email: enguey@ngnamboc.com.eg Policyholder's Signature Date & Time: GIARMC Sketch/Hanform_V2 () Claim	Driver's Signature (If driver is not the policyholder) Date & Time: Own Policy () Claim Third Party (/)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Reporting Only





NP 428A

S / No 9000322601







Accident Photo



Accident Photo



Accident Photo

