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 ability.
- 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	28/07/2018 10:08	
Date Of Accident	26/07/2018 15:30	
Exact Location Of Accident	ALONG AYE TOWARDS TUAS AT TEBAN FLYOVER	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PA7778Z	
Insured/Policyholder		
Name Of Registered Owner	STS TRANSPORT MANAGEMENT PTE LTD	
Co Reg No	200107540Z	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-92323269	
Vehicle Particulars		
Manufacturer	ISUZU	
Model	LV434R	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL	
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	SOMPO INSURANCE SINGAPORE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	D18MTSCBU000183	
Cover Note Number		
Driver		
Name of Driver	LUO WEI	

 Name of Driver
 LUO WEI

 NRIC No
 G8268868X

 Date Of Birth
 17/09/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/11/2008

Driving Experience 9 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92323269

Fax Number

Contact Number

EMail Address OPWONG@STSTRANSPORT.COM.SG

Address NIL

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 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

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YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG AYE TOWARDS TUAS AND I WAS DRIVING AT THE MOST LEFT LANE. TRAFFIC WAS NORMAL AT MOMENT AND I DRIVING AS NORMAL TOO. WHEN IM AT THE DOWNHILL OF TEBAN FLYOVER, SUDDENLY I FELT AN IMPACT ON REAR, VEHICLE B COLLIDED ONTO MY REAR PORTION, I MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED

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 GBG8278C

MERCEDES BENZ/CITAN 109/RED Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver ANDIN ADDIE DJAYADYB BIN AGUSTINO SAMAN

NRIC/Passport Number S9704769C **Contact Number** 83663477

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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.
- 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.



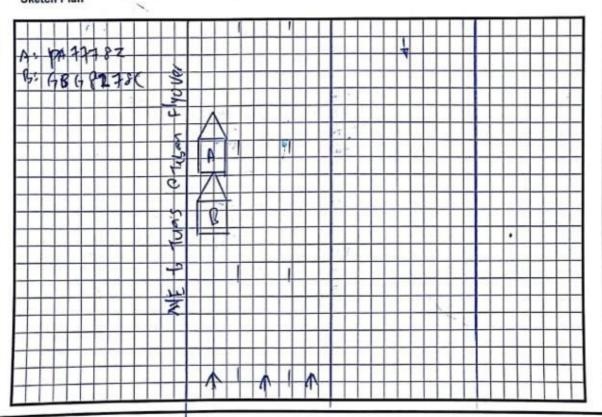
THOMAS NG CHIN CHUN

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

Witnessed by Reporting Centre Personnel

VERIFIED BY AJAX MARS REPORTING OFFICER

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

LEFT LANE. TRAFFIC WAS NORMAL AT TOO. WHEN IM AT THE DOWNHILL OF IMPACT ON REAR. VEHICLE B COLLI	PS TUAS AND I WAS DRIVING AT THE MOST AT MOMENT AND I DRIVING AS NORMAL FEBAN FLYOVER, SUDDENLY I FELT AN DED ONTO MY REAR PORTION. I MANAGED PARTICULARS. NO INJURIES INVOLVED.
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provide	led above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER -	
NG CHIN CHUN	
	了事
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
28 July 2018 at 9:59 AM	28 July 2018 at 9:59 AM















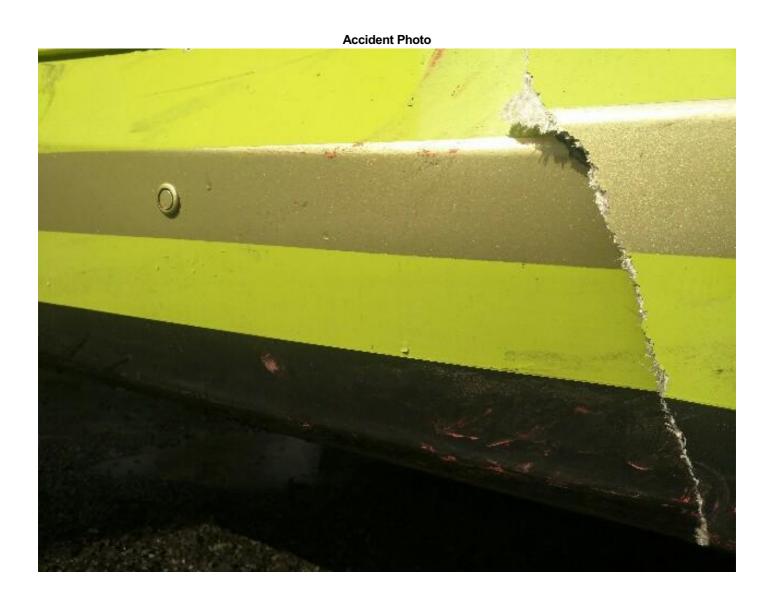














Identification Card

