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 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	24/06/2020 10:23
Date Of Accident	23/06/2020 07:25
Exact Location Of Accident	ALONG HOUGANG AVENUE 3 TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA6864P
Insured/Policyholder	
Name Of Registered Owner	SAN TRANSPORT & TRADING
Co Reg No	5XXXX475X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91766712
Alternative Phone No	OFFICE-91766712
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1818251901
Cover Note Number	
Driver	

Name of Driver **CHUA ENG HUAT** NRIC No SXXXX164D Date Of Birth 13/12/1971 Occupation **OUTDOOR Date Of Driving Pass** 12/08/2006

Driving Experience 13 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91766712

Fax Number

Contact Number OTHERS-91766712

EMail Address NOEMAIL

BLK 332 YISHUN RING ROAD Address

#02-1374

Postcode 760332

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

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

NO

NO

NO

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance? 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) Passenger 1

2

NAME: : MDM TANG

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

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? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJM1368X Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR JESSICA GOH Name of Driver NRIC/Passport Number SXXXX178A 98793221 **Contact Number**

Address Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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)

Lunderstand, 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 singapore.
 - 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) earrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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 spicollected under (ii) above may be shared / disclosed:
 - (i) to all indurers and/or any other third parties that assist in evaluating, investigating, controlling or menaging fraud, regulators, low enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders:

SAN TRANSPORTS & TRADING 53207475X

> Folicyholder's signature. Date & Timer

Driver's 5 gnature

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Date & Times

Accident Sketch Plan

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light is still on	Red as so col	ciel and a	ny front which	portion.
I have we video .	Instage recorded			

LETTER

SAN TRANSPORT & TRADING

AUTHORIZATION LETTER

This letter is to authorize Chua Eng Huat (S7144164D), the employee(driver) of San Transport & Trading is the driver and is allowed to drive the company vehicle of PA6864P and also hereby to authorize him (Chua Eng Huat S7144164D) to work as a grab driver by using the company vehicle of PA6864P.

If there's any concerns, please feel free to call me at 86590659 or email me at santransport.trading@gmail.com

Yours sincerely,

Lim Tiong San

SAN (Pierosper Fred Transport Trading)

Signature

























