

## 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	02/07/2020 14:06
Date Of Accident	30/06/2020 13:30
Exact Location Of Accident	ALONG SIM AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7989X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THINKONE LEASING PTE LTD
Co Reg No	2XXXXX609M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96788288
Alternative Phone No	OFFICE-65553300

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB50
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	20-ML000183-R00
Cover Note Number	

### Driver

Name of Driver	HUANG YICHUN
NRIC No	GXXXX819K
Date Of Birth	10/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2018
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96792655
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 711 WOODLANDS DR 70 #05-73
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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

ON 30.60.2020 AT ABOUT 13:30HRS I WAS WAITING ON THE ROAD SIDE ALONG SIM AVENUE WITH MY VEHICLE NUMBER YP7989X CAUSE IN FRONT OF ME WAS ROAD CONSTRUCTION IN PROGRESS SUDDENLY A TAXI BEARING NUMBER SHA1746A ENCROACHING INTO MY LANE AND HIT ON RIGHT HAND REAR CARGO BOX PILLAR.

#### 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	SHA1746A
Vehicle Make/Model/Colour	HYUNDAI TAXI
Details Of Properties	MINOR DAMAGED LH SIDE
Vehicle Category	TAXI
Name of Driver	TNG THIAM HENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
SB EXPRESS LOGISTICS PTE. LTD.

Name:  
HUANG YICHUN

S Pass No.  
O 74178294

Sector:  
SERVICE

K1169496

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G6795819K**

Name:  
**HUANG YICHUN**

Birth Date: 10 Apr 1979  
Issue Date: 18 Mar 2016  
Valid Till 03/04/2021

002548638B

**VISIT PASS**  
Immigration Regulations

14-02-2019

Name:  
HUANG YICHUN

FIN:  
G6795819K

Date of Birth: 10-04-1979 Sex: M

Nationality:  
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

NP 428A

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Effective Date
C	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	17 Jan 2018

S / No. 9000277412

G6795819K

NP 428A

Licence No: G6795819K

Think One Autocare Pte Ltd  
60 Jalan Lam Huat  
#02-32 Carros Centre  
Singapore 737869  
Tel: 6844 3300 Fax: 6842 4988

## SKETCH PLAN

Devian  
Culture

A- YP7989X.

B-SHA 1746A

Road construction

Forward

Payalobay

51M AVE

LOR 11

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## DECLARATION

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



Policyholder's Signature

Driver's Signature Huang Yi-chun

Driver's Signature

Think One Autocare Pte Ltd

60 Jalan Lam Huat  
#02-32 Carros Centre  
Singapore 737869

Tel: 6844 3300 Fax: 6842 4988

**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.



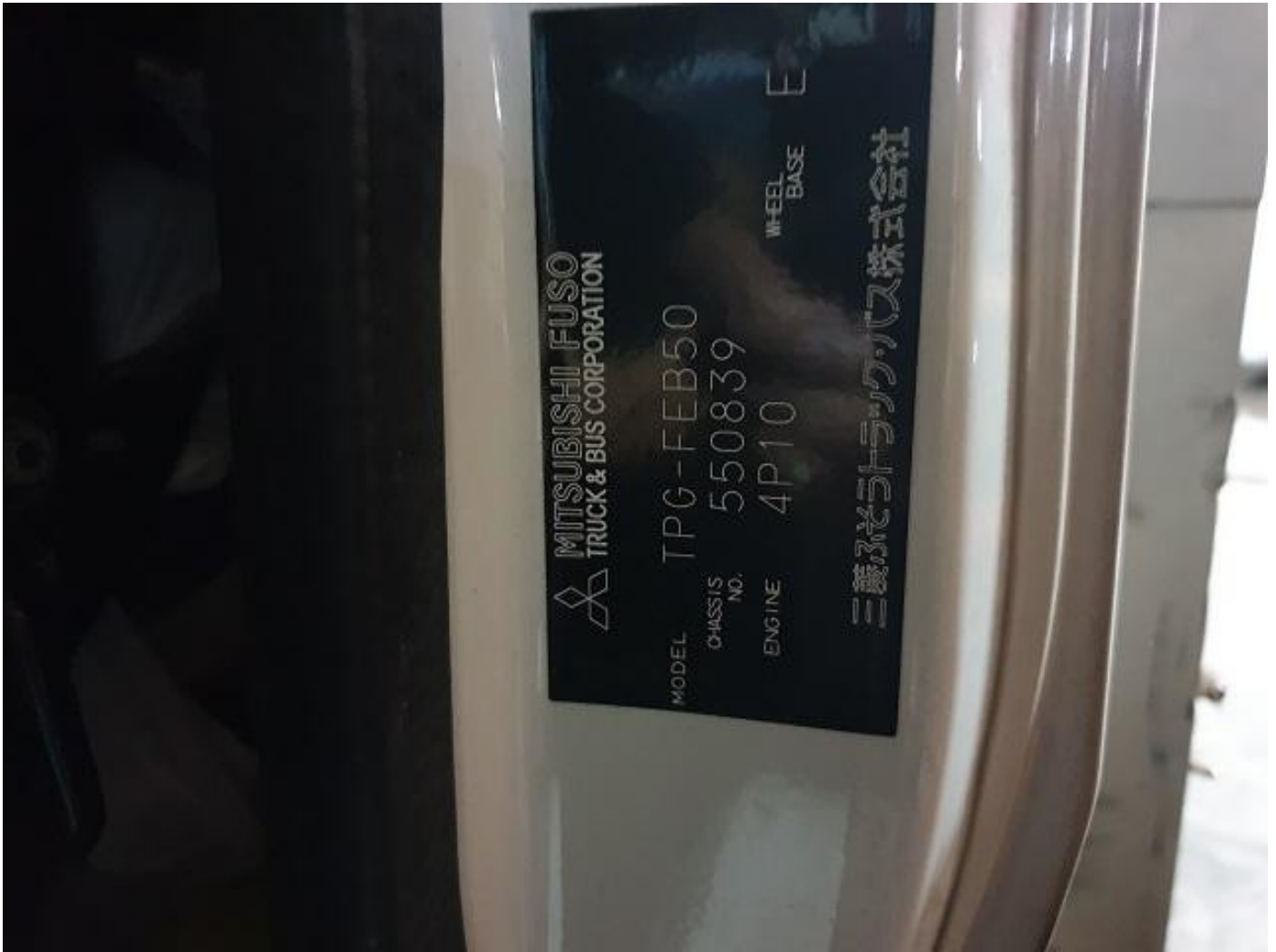
Policyholder's Signature  
Date & Time:

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

Think One Autocare Pte Ltd  
60 Jalan Lam Huat  
#02-32 Carros Centre  
Singapore 737869  
Tel: 6844 3300 Fax: 6842 4988

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

Chassis Number



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Third party photo

