

## 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	21/08/2020 09:44
Date Of Accident	20/08/2020 15:30
Exact Location Of Accident	ALONG JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB87E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE GUAN ENGINEERING PTE LTD
Co Reg No	1XXXXX158D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91669496

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV517JD2RDEB
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2020-V0106675-VCV-R001
Cover Note Number	

#### Driver

Name of Driver	VEERAPPAN ADAIKKALAM
NRIC No	SXXXX180A
Date Of Birth	05/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91669496
Fax Number	
Contact Number	
Email Address	NOEMAIL

ss

code

BLK 101 WOODLANDS STREET #08-48  
730101

Is 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 - CHANGE/CROSS LANE  
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

Please refer to Sketch Plan

### 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 SML7647X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN

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**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 purposes 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

*J.R. Adair*  
  
 Policyholder's Signature  
 Date & Time: 21 AUG 2020

*V.B. Adair*  
 Driver's Signature  
 Date & Time: 21 AUG 2020

*Teo*  
 Reporting Officer's Signature  
 Date: 21 AUG 2020

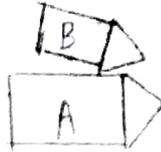
SKETCH PLAN

A: XB 87E

Jurong Town Hall Road

B: SML 7647X

Traffic light



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.8.20 at 15.30 pm I was travelling along Jurong Town Hall Road. I was at the 2nd lane waiting for traffic light to turn green. As the traffic light turn green a car SML 7647X was at the 1st lane suddenly he cut into my lane and hit my front LH of my lorry.



IR Adair

21 AUG 2020

VR Adair

21 AUG 2020

Signature

Tricia Leong

21 AUG 2020