#### 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/08/2020 15:04
Date Of Accident	24/08/2020 13:20
Exact Location Of Accident	TOWNSHEND ROAD & KITCHENER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG8835U
Insured/Policyholder	
Name Of Registered Owner	GOH SENG LAI COMPANY PTE LTD
Co Reg No	200515661K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93389011
Alternative Phone No	OFFICE-67485690
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD

Type Of Coverage **COMPREHENSIVE** Fleet Policy NO Policy Number DMCPHQ19-005361 Cover Note Number 30/10/2019 TO 29/10/2020 **Driver** 

Name of Driver **TEO SIONG HIN** NRIC No S1114034C

Date Of Birth 21/01/1955 Occupation **OUTDOOR** Date Of Driving Pass 12/04/1978

**Driving Experience** 42 YEARS AND 4 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96803318

Fax Number Contact Number

**EMail Address NOEMAIL**  Address APT BLK 124 RIVERVALE DRIVE #03-185 (S) 540124

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 (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

NO

1

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)

**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** 

refer with attach.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBJ1594U Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

#### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report **correctly** the details of the accident to speed up the claims process.
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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 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:

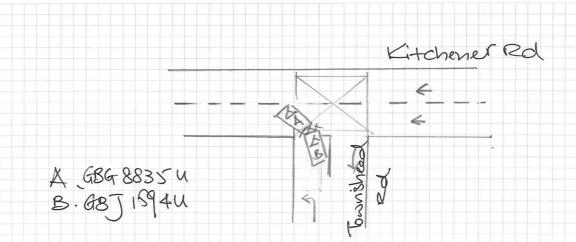
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

### Accident Sketch Plan Pg. 1

#### SKETCH PLAN



#### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I Stogged behief GBJ 15944 along Townshed Col
The Said vehicle started to move and I followed.
For no veason, the Said velice nulle a Siedden
Stagged at The unadle of the vocal withert any
Synt, On seine 4, I trable too as to avoid the
collission, but its was too Endler and too close
thus vesselling my vewcre tut outs His vangusion
Nobedy was light
+ 1 × 25.1

**DECLARATION** 

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

248/20.

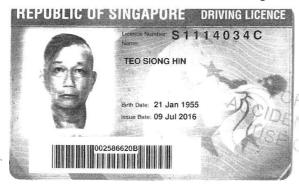
Policyholder's Signature
Date & Time:

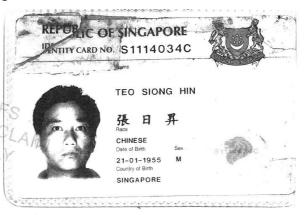
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

#### Driving License Pg. 1





### YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 5200kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry and load
and the unladen weight = 7250kg
Motor vehicles not constructed to carry any load
and the unladen weight > 7250kg Class 2B Class 2A Class 2 Class 3 12 Apr 1977 12 Apr 1977 12 Apr 1977 12 Apr 1978 Class 4

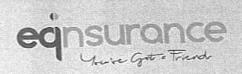
Class 5

NP 428A

22 Mar 1995



Tower Block MND Complex Singapore 059110.



# COMMERCIAL VEHICLE PRIVATE (SCH I ) SCHEDULE

Page 1 of 8

Agency A000014 Class of Policy COMMERCIAL VEHICLE PRIVATE (SCH I ) Policy Number OMCPHQ19-005361
Account A000014 Issued on 25/10/2019 in Singapore
Client 0006341 Acceptance Date 25/10/2019

Period of Insurance from 38/18/2019 to 29/18/2020 , both dates inclusive

Insured's Name GOH SENG LAI COMPANY PTE LTD
Address BLK/HOUSE NO. 1814 #81-218
GEYLANG EAST AVENUE 3
GEYLANG EAST TAMBETRIAL ESTATE

GEYLANG EAST INDUSTRIAL ESTATE SINGAPORE 389729

Business/Occupn CONSTRUCTION
Hire Purchase UNITED OVERSEAS BANK LIMITED

 Premium
 Basic Annual Premium
 SGD1,615.63
 Premium Due
 SGD1,615.63

 Premium after NCD
 SGD1,615.63
 Premium Due
 SGD1,615.63

 Premium GST
 SGD1,32.69
 Total Due
 SGD1,728.72

COMMERCIAL VEHICLE PRIVATE (SCH I NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD ES Risk No. 001 Make/Model 1. Registration GBG8835U LORRY Body Type Type of Cover Comprehensive No. of seats Yr of Manuf/Regn 2017/2017 0 Capacity cc Engine No. ZD30026524N 20.00 NC8% Chassis No. 3N15C2F24Z0860335 Certificate Ref. LCVP1 1.69 Tonnage SGD0.00 Sum Insured: Market Value at the time of loss 5GD500.00

Section 1
YEID-All Claims Additional SGD3,000.00

COMMERCIAL VEHICLE COMPREHENSIVE (Classic Plan) Ver.8

For information on Motor Claims Framework (MCF), please visit GIA websites (www.gia.org.sg /pdfs /Industry /Motor /MCF2010\_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement, Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the Certificate of Insurance. You will have to pay the Excess for every claim made against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have to refund us the amount of the Excess.

Continued on page

MCV1702-Ver















