

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 03/09/2020 14:42
 Date Of Accident 03/09/2020 08:15
 Exact Location Of Accident WOODLAND AVENUE 12 TOWARDS SLE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN8114H
Insured/Policyholder
 Name Of Registered Owner WEE GUAN CONTRUCTION PTE LTD
 Co Reg No 1XXXXX720N
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-96868669
Vehicle Particulars
 Manufacturer ISUZU
 Model NPR85UH5AK 3.0 MT TURBO 2WD 2DR 5 OT
 Exact Purpose for which vehicle was being used at time of accident WORK 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 COMMERCIAL VEHICLE
Insurance Company
 Name of Insurance Company GREAT EASTERN GENERAL INSURANCE LIMITED
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 2019-V0110028-VCV
 Cover Note Number
Driver
 Name of Driver ARSHDEEP SINGH
 NRIC No GXXXX905W
 Date Of Birth 27/11/1995
 Occupation OUTDOOR
 Date Of Driving Pass 28/03/2018
 Driving Experience 2 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-8 1565660
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address 37 KRANJI LINK
 Postcode 728643
 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? 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) 3
 Passenger 1 NAME: : SALAM MD ABDUS
 GENDER: : MALE
 Passenger 2 NAME: : HOSSAIN MONIR
 GENDER: : MALE

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 GBC9923M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

SKETCH PLAN

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. 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 (a) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.

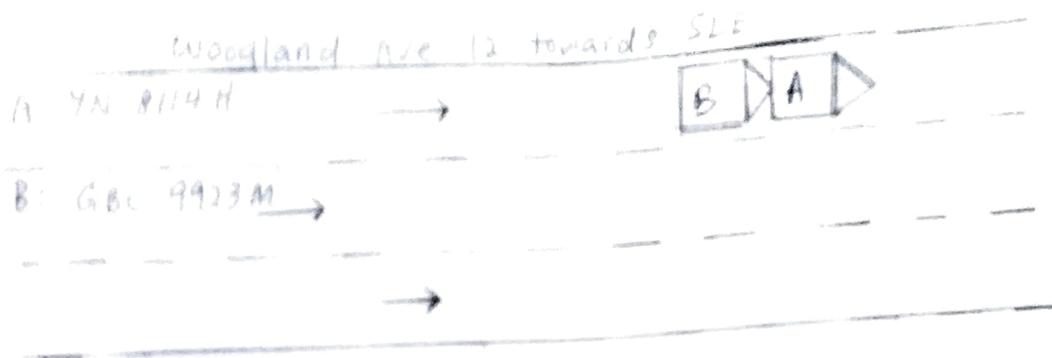


Policyholder's Signature
 Date & Time
 03 SEP 2020

Driver's Signature
 (If driver is not the policyholder)
 Date & Time
 03 SEP 2020

Reporting Centre Personnel's Signature
 Name: Tracie Leong
 NRIC: [redacted]
 Date & Time
 03 SEP 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3.9.20 at 8.15 am I was travelling along Woodland Ave 12 towards SLE. The lorry in front stop, so I follow to stop. A few seconds later, I feel a strong impact from my behind. The lorry GBC 9923M hit my rear of my lorry.

DECLARATION

 I, Travis Crong, resident of 12 Woodland Ave,
do hereby declare that the above information is true and correct to the best of my knowledge and belief.
Date: 03 SEP 2020

Travis Crong
Signature
Date: 03 SEP 2020