

# 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 Submission ..... 15/12/2020 17:53 (SGT)  
Date of Accident ..... 14/12/2020 19:50 (SGT)  
Exact Location of Accident ..... Tuas Basin Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK4374M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KPK ENGINEERING PTE. LTD.  
Company Reg No ..... 2XXXXX615Z  
Email Address ..... winson\_tingwei@hotmail.com  
Mobile Phone No ..... (Phone) +65-90210921  
Alternative Phone No ..... +65-98298168

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070108034  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHOONG CHEE NAM  
NRIC No ..... SXXXX163G  
Date Of Birth ..... 14/06/1967  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/09/2005
Driving experience .....	15 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98298168
Alt. Phone Number .....	-
Email Address .....	winson_tingwei@hotmail.com
Address .....	BLK 102 BUKIT BATOK WEST AVENUE 6
Address complement .....	#03-82
Postcode .....	650102
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLA4606D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	FARHAN
Contact Number .....	(Phone) +65-87529244
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

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)**

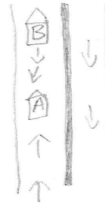
I understand, acknowledge, agree and consent that:

- (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 insurers) 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 (c) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, settling 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 Person's Signature Date & Time: 15/12/2023
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SKETCH PLAN

vehicle A GBK 4374M  
 vehicle B SLA 4606D  
 Along Mrs Basin Link



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 14/12/2020 about 19.50pm, I was driving along Mrs Basin Link and vehicle B "SLA 4606D" Hazard lights on stop beside the path ~~at~~ of my way going straight and vehicle B start to move forwards ~~as~~ as I follow driving straight behind vehicle B. Suddenly vehicle B "SLA 4606D" Hazard lights on again and stop and vehicle collided into my front corner portion - I have video footage recorded.

DECLARATION

I/We declare the foregoing to be true in every respect.

*[Signature]*  
 Policyholder's Signature  
 Date & Time:



*[Signature]*  
 Officer's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]* 15/12/2020  
 Reporting Officer's Name  
 Date & Time:  
 TRIC/FIN No: *[Handwritten]*



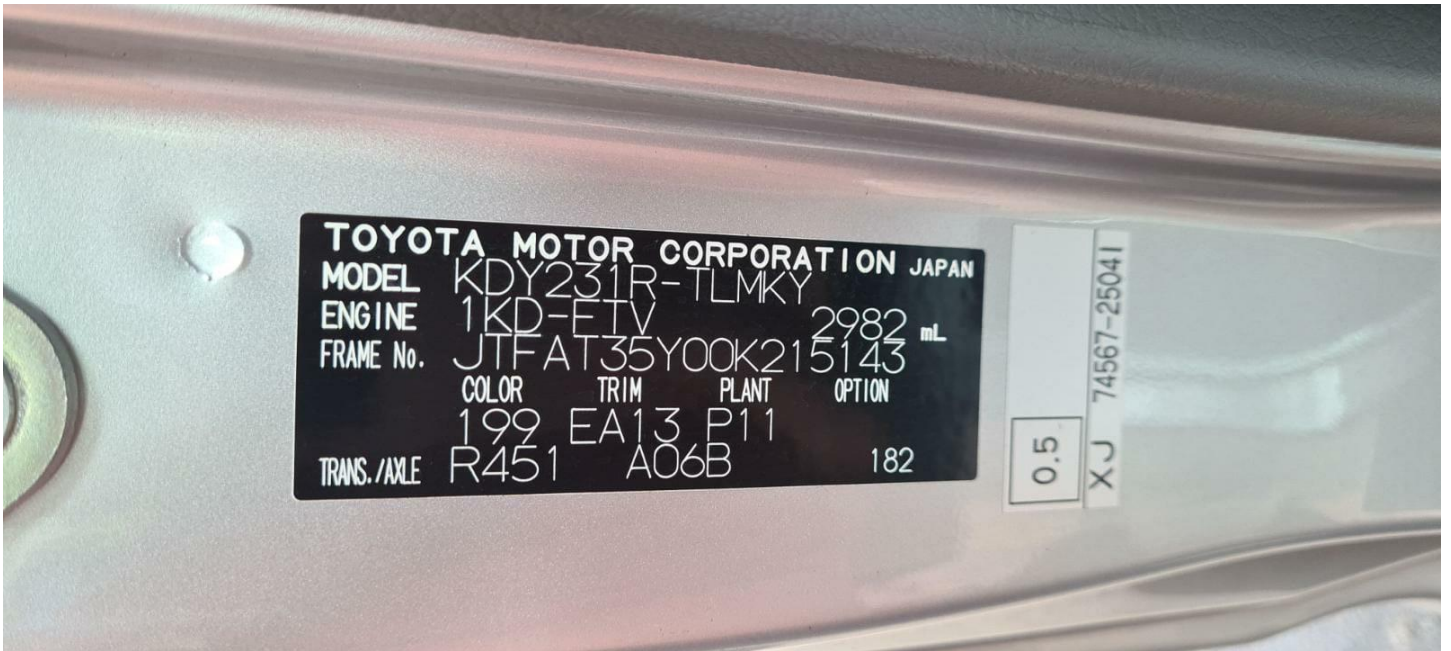














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S66550206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0820CF0007 Vehicle Registration No: GBK 4374M  
 Name (as shown in NRIC): KPK Engineering PTE LTD NRIC/FIN/Passport No: 7008066152  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: 10 Tuas View Place LinkPoint Place Singapore (639858)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9021 0921  
 Email Address: Wilson\_tingwei@hotmail.com  
 Date of Accident: 14/12/2020 Time of Accident: 19:50 pm  
 Place of Accident: Tuas Basin Link, Singapore  
 Insurance Company: AI G

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to Amendments this report to reporting only.

Have Private Settlement with third party.

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:



\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: Reza Nurhan  
 Date: 05/01/2021

GMRS: allowed/force v1