

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 29/12/2020 11:02 (SGT)
Date of Accident 28/12/2020 15:20 (SGT)
Exact Location of Accident Middle Rd, Singapore
Additional Location Information MIDDLE RD TWDS VICTORIA ST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ2811H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HANG SENG CONTAINER & TRANSPORT SERVICES
Company Reg No XXXXX500J
Email Address kalvin@hslog.com.sg
Mobile Phone No (Phone) +65-62223346
Alternative Phone No (Office) +65-62223346

VEHICLE PARTICULARS

Manufacturer Honda
Model Hr-v
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Tokio Marine
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 20-MV012697-R03
Cover Note Number -

DRIVER

Name of Driver TOH KAI PENG(DU KAIPING)
NRIC No SXXXX074Z
Date Of Birth 17/04/1980
Occupation Indoor

Date Of Driving Pass	24/06/2000
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98807223
Alt. Phone Number	-
Email Address	kalvin@hslog.com.sg
Address	BLK 266 TAMPINES STREET 21
Address complement	#09-02
Postcode	520266
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMN7926E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG WEI LONG
NRIC No	SXXXX328B
Contact Number	(Phone) +65-93894892
Address	-
Address complement	-
Postcode	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TOH KAI PENG(DU KAIPING)
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BACK
Injured person in which vehicle? SJZ2811H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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 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.



[Signature]

28/12/2020

[Signature] 29/12/20

Policyholder's Signature / Date & Time

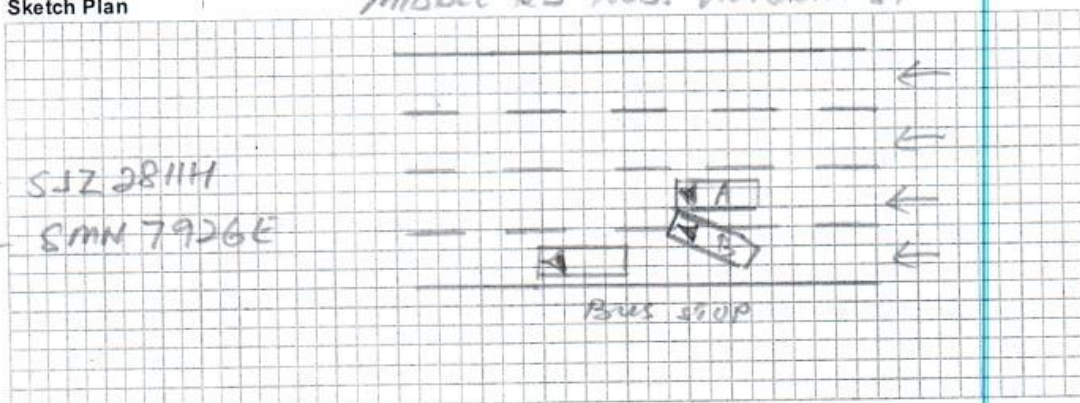
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

MIDDLE RD TWDS VICTORIA ST

A - SJZ 2811H
B - SMN 7926E



STRAIGHT
I WAS TRAVELLING ALONG MIDDLE RD TWOS VICTORIA
STREET. SUDDENLY VEH B FROM MY LEFT LANE CUT
INTO MY LANE AND COLLIDED ONTO MY LEFT SIDE
PORTION OF MY VEH.

We declare the foregoing particulars are true in every respect.



28/12/2020

Witnessed by Reporting Centre
Personnel

























