

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	10/03/2021 18:36 (SGT)
Date of Accident	09/03/2021 21:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TWDS PUNGGOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2688H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHARLES & KEITH (SINGAPORE) PTE. LTD.
Company Reg No	2XXXXX300D
Email Address	KEELEECHIAN@GMAIL.COM
Mobile Phone No	(Phone) +65-98507908
Alternative Phone No	+65-98507908

VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	MKB8ELN5AA
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	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00095162003
Cover Note Number	-

DRIVER

Name of Driver	KEE LEE CHIAN
Passport No/FIN	FXXXX536M
Date Of Birth	06/04/1978
Occupation	Outdoor

Date Of Driving Pass	28/09/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81936814
Alt. Phone Number	-
Email Address	KEELEECHIAN@GMAIL.COM
Address	BLK 346 AMK AVE 3
Address complement	#09-2276
Postcode	560346
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS7429Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHAO BINGFENG
NRIC No	SXXXX388A

Contact Number	(Phone) +65-93833521
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

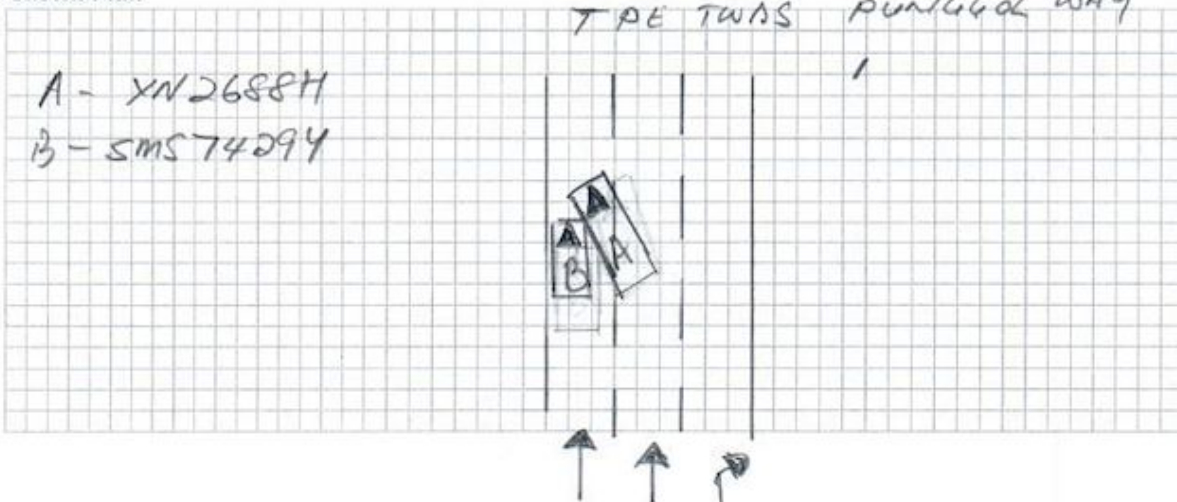
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was travelling along TPE twds Punggol Way on the 2nd lane of A3-lane rd. I on my left signal indicator when there was no on coming veh. I swerved my veh to the left lane. When my veh was 60% on the left lane suddenly veh B came and hit onto my frt left side portion of my veh.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 10/03/21

Witnessed by Reporting Centre Personnel

















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Annex D

NOTICE OF COMPLIANCE

This is to confirm that Kee Lee Chian, HP: 81936814,
 NRIC/~~FIN~~ F7635536M, has reported to the police a non-injury traffic accident
 which occurred at TPE towards Punggol Way
 on 09/03/2021 at 2150 ~~am~~/ pm involving the
 following vehicles:

1. YN 2688 H (Kee Lee Chian, F7635536M, HP: 81936814)
2. SMS 7429 Y (Zhao Bingfeng, S2655388A, HP: 93833521)

2. He / ~~She~~ has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Name of Issuing Officer: SGT Neo Chang Wei

Date: 10/03/2021 Time: 0305hrs

S/D Ref: 5

Police Post / Unit: Serangoon NPC / Ang Mo Kio Police Division

Original – to be issued to informant.

Duplicate – to be retained at police post or unit.

SGT 7160447
 Chang Wei My

Serangoon NPC
 No: 50 Serangoon Ave 2
 #01-02 Singapore 556120
 Tel: 1800 485 6000

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