

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	02/09/2021 15:19 (SGT)
Date of Accident	31/08/2021 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 1 TANJONG PAGAR PLAZA CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5468B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FEI HUANG MEE HOON KUAY MANUFACTURING PTE
Company Reg No	2XXXXX184R
Email Address	soon1729@gmail.com
Mobile Phone No	(Phone) +65-94254784
Alternative Phone No	+65-94254784

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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070030952-01
Cover Note Number	-

DRIVER

Name of Driver	LIM BOON QIEW
NRIC No	SXXXX157A

Date Of Birth	19/05/1961
Occupation	Outdoor
Date Of Driving Pass	16/05/1979
Driving experience	42 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94254784
Alt. Phone Number	-
Email Address	soon1729@gmail.com
Address	96K JALAN SENANG
Address complement	-
Postcode	418490
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	Collided into Parked Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	GBA9967Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

WITNESS DETAILS

WITNESS 1

Name ZAINUDIN BIN ALI
Phone (Phone) +65-96184040
Email -

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.
- (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.

**FEI HUANG MEE HOON KUAY
MANUFACTURING PTE. LTD.**
Registration No: 201713184R

Policyholder's Signature
Date & Time:

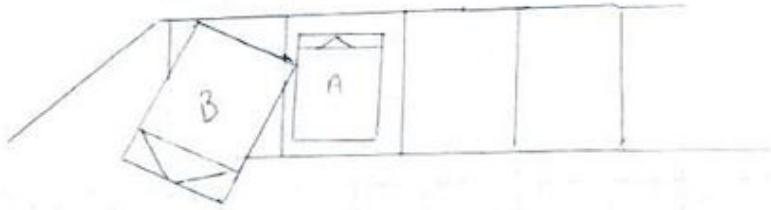
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporters/Centra Personnel's Signature
Name:
NRIC/FIN No:

STREET VIEW

BLK 1 TANJONG PAGAR PLAZA

A: GBE 5468B
B: GBA 9967Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/08/21 @ around 14:10 - I park my lorry (GBE5468B) at: Blk 1 Tanjong Pagar Plaza carpark to delivery some goods. Suddenly A lorry (GBA9967Y) reverse very fast and hit on my vehicle.

DECLARATION

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

**FEI HUANG MEE HOON KUAY
MANUFACTURING PTE. LTD.**

Registration No: 201713184R

Date & Time

Driver's Signature

(It does not fit the position, then

State, Time

Reporting Officer's Signature

Name

Date & Time

I have by authorise SME Motor Pte Ltd
Send my accident report to my workshop
Email: phbms@yahoo.com























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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921920001 Vehicle Registration No: GBE5462B
 Name (as shown in NRIC): LIM MOON QIEW NRIC/FIN/Passport No: SXXXX157A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 96K JALAN SENANG Singapore (418490)
 Contact (Tel): _____ Mobile No.: 94254784
 Email Address: _____
 Date of Accident: 01/09/21 Time of Accident: 15:30
 Place of Accident: BLK 1 TANJONG PAGAR ALTA CARPARK
 Insurance Company: DIG

(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:

AMEND DATE OF ACCIDENT: 31/08/21 TIME: 14:10

**FEI HUANG MEE HOON KUAY
MANUFACTURING PTE. LTD.**
 Registration No: 201713184R

Signature of Vehicle Owner / Driver: _____
 Date: _____

shym 11/11/21
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____