

# 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 ..... 05/10/2021 18:00 (SGT)  
Date of Accident ..... 30/09/2021 15:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TWDS TUAS B4 EXIT 12  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC6467H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SIANG HOCK HOLDING PTE LTD  
Company Reg No ..... 1XXXXX681M  
Email Address ..... car.rental@sianghock.com.sg  
Mobile Phone No ..... (Phone) +65-62568888  
Alternative Phone No ..... (Office) +65-62568888

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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  
Transmission ..... Manual  
CC ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... D-21097528MFCV/36  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WANG ZHENWEI  
Passport No/FIN ..... GXXXX559R

Date Of Birth .....	03/04/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	14/08/2019
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-62568888
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	21 JALAN MASJID
Address complement .....	-
Postcode .....	418946
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Chain Collision
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	GBF6094J
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	PC8365P
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) .....	-

Describe Circumstances of the Accident

See Attached

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

江振伟

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

shun 05/10/21

Witnessed by Reporting Centre Personnel

I WAS TRAVELLING ALONG PIE TOWARDS TUAS. VEHICLE GBF6094J TRAVELLING IN FRONT OF ME HAD HIT THE POLICE BUS IN FRONT AND SUDDENLY STOPPED. I JAMMED BRAKED BUT COULD NOT STOP IN TIME AND HIT ONTO THE BACK OF THE LORRY GBF6094J. I IMMEDIATELY GOT DOWN AND I SAW POLICE VAN PC8365P QUITE FAR IN FRONT WITH DAMAGES AT THE BACK. I IMMEDIATELY TAKE PHOTOS AT THE SCENE. TRAFFIC POLICE CAME AND DIRECTED TRAFFIC AND LEFT.

江振伟  
G78451559R  
01/10/2021  
10:33

SKETCH PLAN

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 Authorized Driver.
  - (a) If a person other than the Policyholder or Authorized Driver completes this Form, it will be considered a representation or a statement of material facts that will influence the insurer's decision to repudiate policy liability.
  - (b) The issue and acceptance of this claim by insurance companies is not an admission of policy liability on the part of the insured or the insured's company.
3. Any false reporting may be referred to the Police for investigation.
4. The report will be forwarded by the insurers of the GAA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application to interested parties.
5. 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.
6. 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 be permitted to collect, store, 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 insurers(s) who have insured vehicle(s) involved in this accident (all insurers(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 other 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 making 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 and packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
  - (b) all insurers(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may be permitted to collect, store, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be used outside of Singapore, for one or more of the above Purposes.



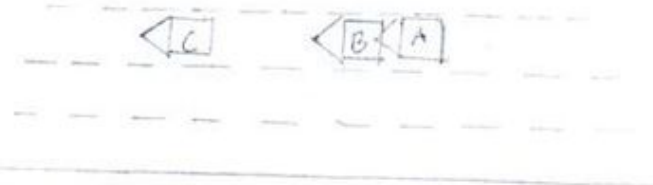
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

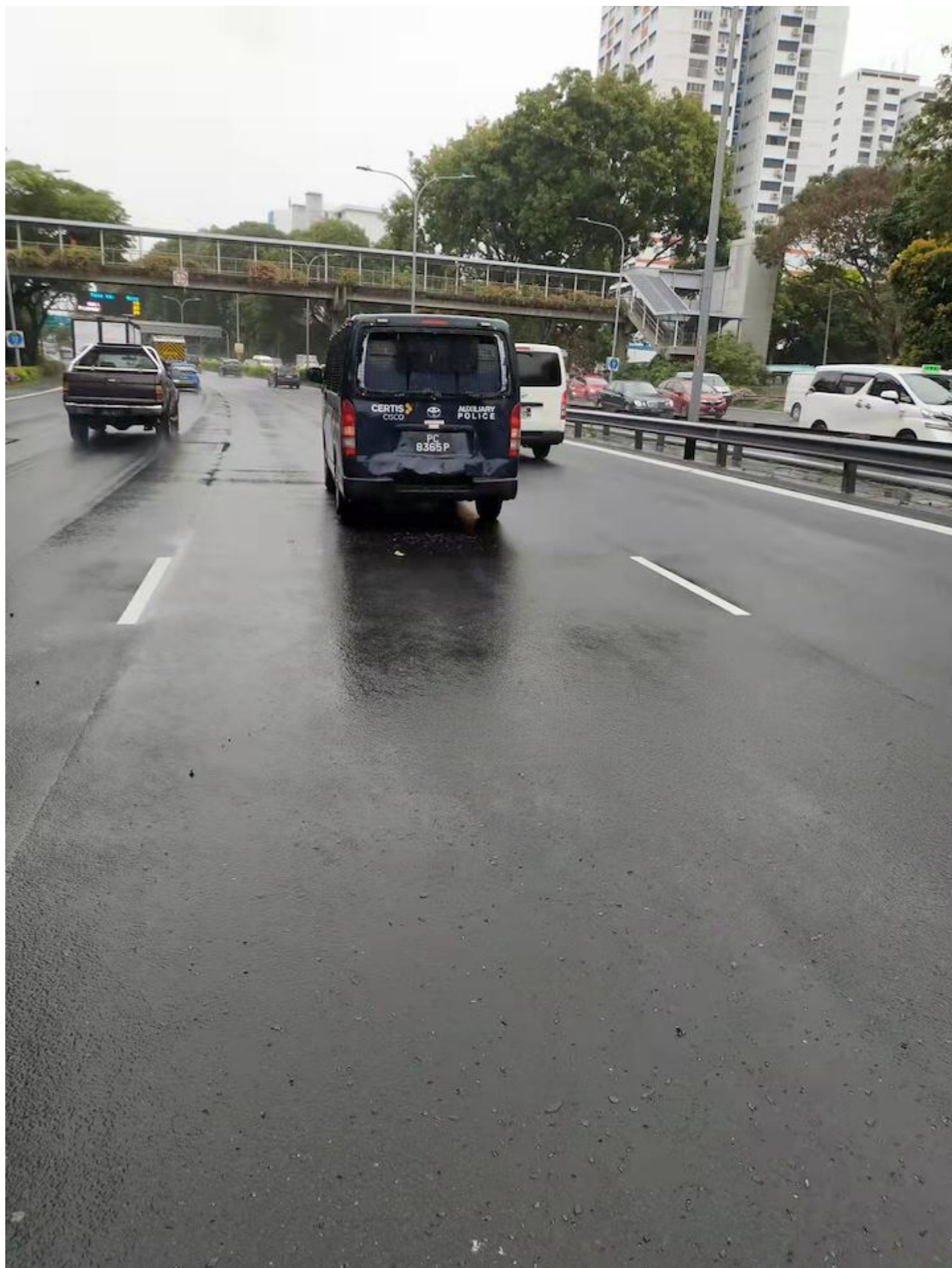
Sketch Plan

DRIVE TOWARDS TUNIS



A - GBL6467H  
B - GBF6094J  
C - PL836SP









































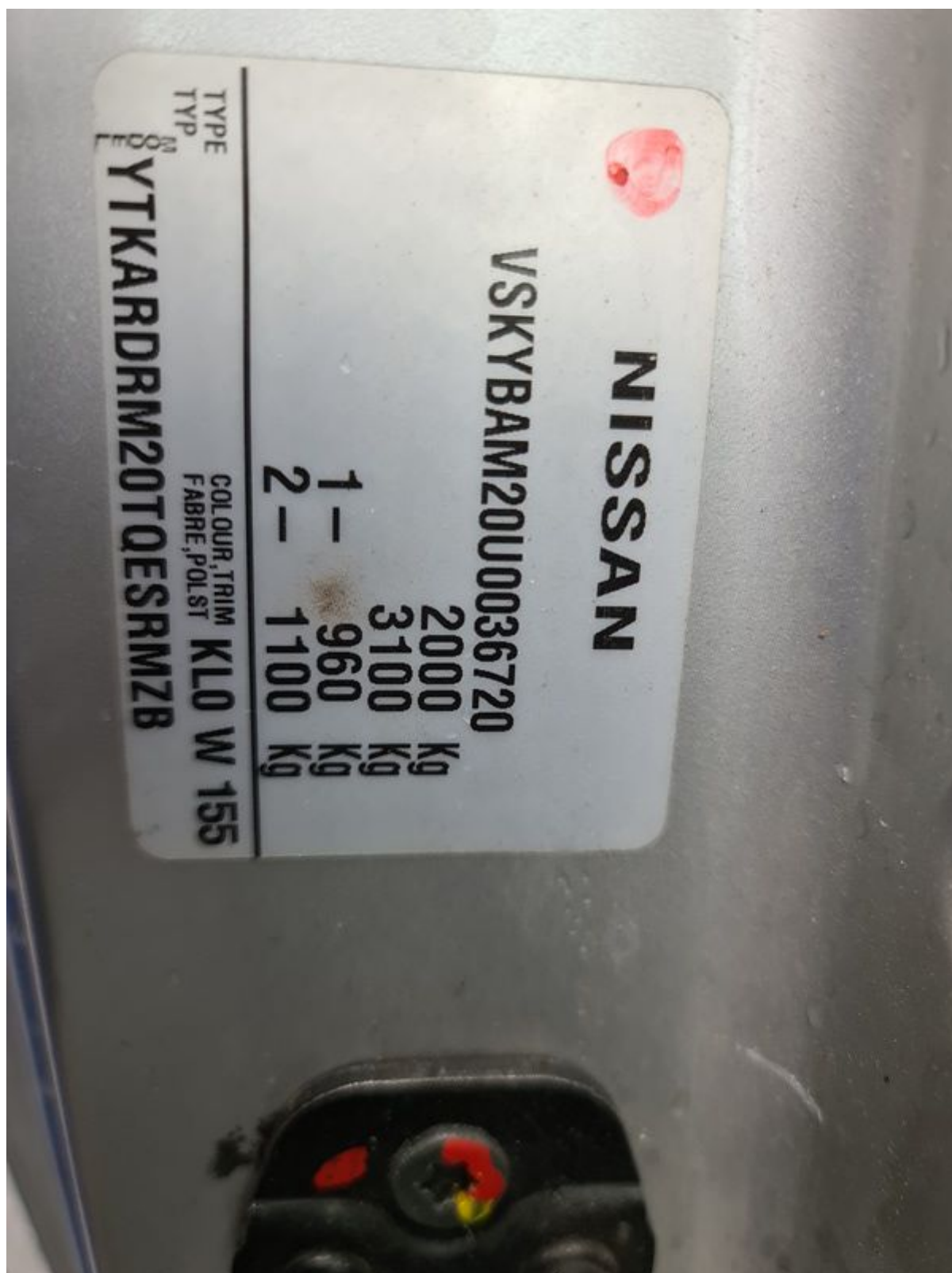








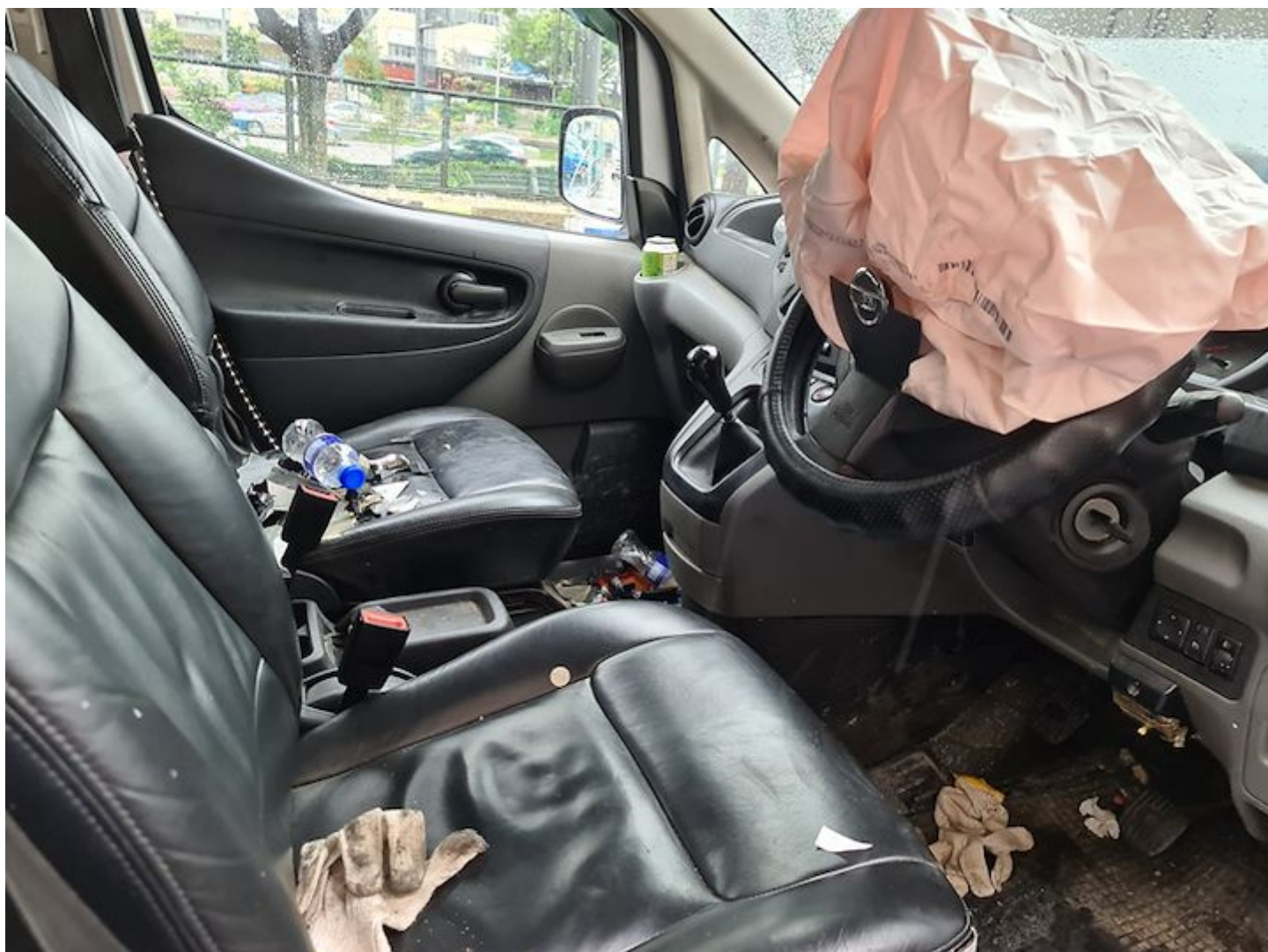
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: SN0921A50009 Vehicle Registration No: GBC 6467H  
 Name (as shown in NRIC): Siang Hock Holding Pte Ltd NRIC/FIN/Passport No: 198400681M  
 (\*~~Vehicle Driver~~/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 21, Jalan Masjid. Singapore (418946)  
 Contact (Tel): 68482002 Mobile No.: 98792002  
 Email Address: car.rental@sianghock.com.sg  
 Date of Accident: 30/09/2021 Time of Accident: 1515  
 Place of Accident: NIE Towards Tuas before Exit 12  
 Insurance Company: MS First Capital

**(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:

Details of other Vehicle Property 1 - GBF6094J

Policyholder / Driver's Signature

Date: 6/10/2021



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: