

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 11/01/2022 14:10 (SGT)
Date of Accident 10/01/2022 14:00 (SGT)
Exact Location of Accident Hougang Ave 1, Singapore
Additional Location Information MARKET CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GV6746T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HONG KIAT ALUMINIUM & METAL WORKS
Company Reg No 3XXXX600K
Email Address hk.97590766@gmail.com
Mobile Phone No (Phone) +65-67843556
Alternative Phone No (Office) +65-67843556

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
Transmission Manual
CC 2986

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number D-21098166MCVP
Cover Note Number -

DRIVER

Name of Driver CHUA KIAN THIAM
NRIC No SXXXX568G

Date Of Birth	23/11/1958
Occupation	Outdoor
Date Of Driving Pass	06/05/2003
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91029730
Alt. Phone Number	-
Email Address	hk.97590766@gmail.com
Address	BLK 628 BEDOK RESERVOIR ROAD
Address complement	#04-1678
Postcode	470628
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	EMPLOYEE'S BROTHER
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BROTHER
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 STATMENT

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	SMW7274E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHAN LIN GING @ CHAN LIN JING JANE
NRIC No	SXXXX815C
Contact Number	-
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

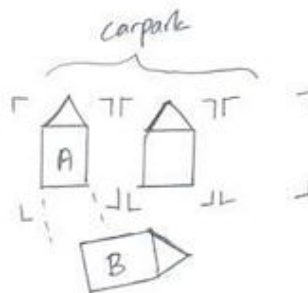
(c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms) who may be sited outside of Singapore, for one or more of the above Purposes.

HONG KIAT ALUMINIUM & METAL WORKS
Blk 9002, Tampines St. 93, #01-20, Singapore 528836
Tel: 6784 3556, 6785 4919, 6795 8453 Fax: 6786 3061
H. D. B. Licence No: H3-02-2437C
Registration No: S7512600K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = GV6746T

B = SMW 7274E

Hougang Ave 1 Market Carpark.

Describe Circumstances of the Accident

My car was stationary inside of the carpark at the stated venue. Before i start reversing, i checked to make sure there is no vehicle behind so i can proceed. During reversing, suddenly i felt an impact from behind and realise that my vehicle had ~~collided~~ knock onto the left side rear portion of vehicle B. I wish to state that i am not an employee of the insured company & i was just helping my brother to drive the vehicle. My brother is the employee of the insured company.

Declaration

我 宣 佈 上 述 情 況 屬 實
We declare the foregoing particulars are true in every respect.
HONG KONG METAL WORKS
Bik 9002, Tampines St. Singapore 528836
Tel: 6784 3556, 6785 4444 Fax: 6786 3061
H. D. B. Lic No: 22437C
Registration No: 39512600K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel







